Medical Century

An International Journal of Homeopathic Medicine, Surgery, and Collateral Sciences.

Volume II. Number 5. CHICAGO, MARCH 1, 1894. Per Annum, $3.00 Postal Union, 3.50

Gynecology.

TWO CASES OF CÆSAREAN SECTION.

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I report the following two cases of Cæsarean section as additions to the literature upon this very interesting subject.

Singularly enough these two cases occurred within three months of each other, although I had been waiting for them for a quarter of a century. It simply illustrates the necessity of being prepared for such work, as any practitioner may be called upon to perform the operation on any day and without much time for preparation; or he may, like myself, have to wait many years for the opportunity.

As a matter of fact the uncomplicated operation itself is not a difficult one, as in my first case, while on the other hand it may involve the most serious surgical maneuvres, as in my second case.

The time taken to deliver a child in this way is remarkably brief. The first occupied less than twelve minutes and the second scarcely ten minutes from the time the operation was begun. With our present improved technique, which includes the most thorough antiseptic precautions, I am sure the scope of this operation must be greatly extended, and already there are surgeons who assert that embryotomy should almost be a thing of the past. I am very certain that in my own practice abdominal section will be preferred wherever possible, rather than sacrifice the life of the child. The violence necessarily done to the mother's parts in many cases of embryotomy is quite as serious as that inflicted by the Cæsarean section.

Our able colleague, Prof. H. F. Bigger, of Cleveland, in a very interesting paper, reported five cases (one of which was an ectopic gestation) at the World's Congress in June last. Three of the mothers recovered and two children (of the same mother) were saved

In my first case mother and child were saved. In the second case the child could not be saved as it had been dead several days, according to the opinion of the physicians in charge (and from the appearance of the fœtus), and the mother was herself moribund. Even in such a forlorn hope it was right to make the attempt to save the mother, and the fact that she survived as long as she did was encouragement to believe that in a future extreme case recovery might be secured.

Dr. R. P. Harris, of Philadelphia, has been getting together some interesting statistics upon the subject, and concludes that if the operation be performed early from seventy to eighty per cent. of the mothers can be saved and some eighty-six per cent. of the children.

The best operations, if we can judge by the recent reports, are the typical ones of Sanger and Porro. The former is, to my mind, to be preferred always when the conditions will admit of it.

Strange to say in Italy where the Porro operation was devised and most practiced it has met with the least success. There are cases where the uterus must be sacrificed, and in such cases the operation of Porro is the only one except when, as in my second case, a complete hysterectomy must be made.

There are questions of practice in these operations that experience helps to settle; as, for example, some eminent operators favor the extrusion of the gravid uterus through the abdominal incision by which means better facility of removing the fœtus is obtained, and the abdominal cavity is better protected from the uterine discharges. Unless the Porro operation is to be done I do not favor this method, because the manipulation of the organ unquestionably causes a certain amount of traumatism which can be avoided by leaving the uterus in situ, keeping a steady pressure upon the sides of the abdomen, and withal protecting the abdominal cavity by the arrangement of sponges around the abdominal vent.

As I have intimated I think the Sanger operation is to be preferred, as it overcomes difficulties and prevents sequences that are liable to follow other methods. As all know the Sanger method is substantially as follows: A line of deep sutures are first made avoiding only the mucosa. Superficial sutures are then introduced so as to invert the peritoneal covering of the organ. Sanger, in some instances, made a practice of liberating the peritoneal coat of the uterus, proceeding then to round off the sharp edge of the incised uterine wall. This, of course, would make the inversion somewhat more complete, but I did not find it necessary in the case reported. The object of the maneuvre, as Sanger points out, is to secure the early union of the edges of the wound by bringing in contact the peritoneal surfaces which will agglutinate rapidly. This prevents the oozing of the fluids into the abdominal cavity which is one of the dangers following the operation.

Opinions differ as to the best material for uter-

ine sutures. From the easily absorbed kangaroo sinue to a silver wire, all have advocates. I felt satisfied to use the iron dyed silk thread for uterine sutures, while for the abdominal one I, as usual, preferred the silkworm gut.

In the second case difficulties arose necessitating a much more serious and prolonged operation. The cancerous condition of the lower portion of the uterus and cervix rendered complete ablation of the uterus and appendages absolutely necessary. That this case did not recover is not to be wondered at when the facts are known. One of the first requisites to a successful operation was wanting; that is, it was not done early, at least twenty-four hours having elapsed since she went into labor. The advanced stage of kidney involvment and the carcinoma uteri all impaired her chances of recovery.

The details of these cases briefly stated are as follows:

Case First.—Caroline S., aged 28; race, white; native of Germany.

This person was a badly developed dwarf, 4 feet 3 inches high; rather large about the upper portion of the body and with a much contracted pelvis. Upon examination by the obstetrical staff of the hospital it was decided that she could not be delivered naturally. She was accordingly handed over to me for abominal section.

May 16th, 1893. Labor pains set in about 9 o'clock in the morning. At 1 P. M. she was taken to the operating room, fully prepared by the most thorough antiseptic measures for the Cæsarean section. Chloroform was administered and an incision was made in the median line of the abdomen about six inches long. After the bleeding had been arrested sponges were tucked around the edge of the incision, pressure was carefully made upon the sides of the abdomen and the uterus itself was not allowed to extrude farther than was necessary.

An incision was now made in the uterus corresponding with that in the abdomen which was followed by a gush of the uterine contents and considerable hemorrhage. The child was now promptly seized by the feet and delivered, the cord was tied and it was handed to an assistant, who had little difficulty in establishing good, healthy respiration. The child weighed about 6½ pounds and was apparently healthy. The placenta was now delivered without difficulty and the uterus contracted nicely. Drainage was established by a large drainage tube into the vagina. The Sanger method of closing the uterine wound was employed. The deep sutures were made with iron dyed silk, and then the superficial inverting sutures were introduced, the same material being used. The abdomen was now closed in the usual manner with silkworm gut and an antiseptic dressing applied. No nausea followed the operation and the patient made a steady, uneventful recovery. The drainage tube was removed the next day. The lochia was very light and never became offensive.

Case Second.—Mrs. Mary O., aged 35; race, white; native of Ireland; July, 1893.

This patient was brought to the hospital from one of the suburbs with the history that she had been in labor for some twenty-four hours, and that the physicians in attendance found it impossible to deliver her. The difficulty was not contracted pelvis or deformity of any kind, but arose from carcinoma uteri. The whole cervix and vault of the vagina were involved in one mass and made delivery per vaginam utterly impossible. Anasarca prevailed and it was found that the urine was heavily albuminous. The patient was uremic. Temperature, when she went on the table, 103½. Under these circumstances the outlook was not bright. I announced at once that I hardly expected to get the patient alive from the table. Chloroform was carefully administered. Antiseptic precautions having already been taken, an incision was made about eight inches long in the median line, and without loss of time an incision in the uterus was made as in the first case, the child seized by the feet and delivered. It had evidently been dead for some time. The physician stated two days. It weighed about eight pounds. The hemorrhage in this case was severe and could not be controlled until the elastic ligature passed round the abdominal cervix had been tightly tied.

We were now confronted with the serious problem as to what should be done with the mother. The Porro operation would have been difficult to make as the cancer had invaded the lower portion of the uterus, and besides death would have been inevitable. I at once decided to attempt the removal of the uterus entire.

Covering the abdomen with hot towels wrung out of bichloride I at once proceeded to a vaginal operation. When this was thoroughly accomplished I finished the separation of the uterus by the abdominal incision and removed the whole mass through the abdominal opening, having succeeded in clearing the parts everywhere of all suspicious looking tissue. The peritoneum was now drawn together so that the floor of the pelvis was completely covered, catgut sutures being used, and a small opening being left for drainage. The vaginal wound was also drawn together as in a vaginal hysterectomy, with the exception of the opening for drainage. The vagina was now packed with iodoform gauze; the abdominal incision was closed with silkworm gut and the usual abdominal dressings applied.

To my entire surprise the recovery from the chloroform was prompt and the condition of the woman actually seemed improved. Through the night and the next day, although very weak, there was but little temperature and the pulse kept moderately good. At 4 P. M. on the second day, without any apparent cause, she suddenly grew weaker and before the house surgeon could reach her expired.

THE "PRATT HYSTERECTOMY."

By E. H. PRATT, M.D., LL.D., Chicago.

Prof. Orificial Surgery Chicago Homeopathic Medical College.

In the January 1st number of the Medical Century my good friend, Dr. John W. Streeter, discusses the Pratt hysterectomy.

A few points in his article, it seems to us, merit brief comment. Dr. Streeter is a man of such professional integrity, as well as superior professional endowment, that I respect his calm, cool and conservative judgment in all subjects upon which he writes or speaks. If all members of the medical profession were as well posted, intelligent, honorable, fair minded and kind, medical

evolution would be accomplished more rapidly. I desire to thank him for his complimentary remarks, for I know that he speaks from his heart. This fact, however, must not deter me from considering some of his writing which seems to invite criticism. He seems to squirm a little, but for what reason I cannot see, at the idea of calling the Pratt hysterectomy a new one, and suggests naming it "improved technique."

Inasmuch as all new operations upon any part of the body whatsoever could just as properly be called an improved technique I cannot quite appreciate the point of this suggestion. The Tait or Streeter operation for lacerated perineum is an improved technique over the old method of simply denuding the surface to be stitched together. But the improvement of the technique is so radical as to merit a distinction in title.

About the only way in which the "Pratt Hysterectomy" resembles other forms of removing the uterus is found in the one fact that in this as in all forms of operation of this kind the uterus is removed. But the technique of the clamp and ligature and enucleation operations are so vastly improved upon that "Pratt's Hysterectomy" resembles all former hysterectomies about as much as riding on a railroad train resembles journeying in a stage coach. In the course of time the travelers arrive at the same destination, but the processes are really quite different. His suggestion about the use of the No. 12 sound introduced into the uterus for the purpose of handling the organ seems to be a very sensible one; and yet when packed and supplied with guy ropes the organ appears to be very satisfactorily at the command of the surgeon. I shall be pleased to give the suggestion a trial, however. If he has tried it and pronounces it a valuable suggestion, as I appreciate the value of his judgment in all surgical matters, I shall expect it to work satisfactorily in this instance. The only theoretical objection to the measure which occurs to me is that the projecting sound might obstruct, to some extent, the field of operation, and some unnecessary time would be spent in adjusting the cot designed to hold it in place.

Dr. Streeter also suggests employing the clamp on the upper two-thirds of the broad ligament. As one of the advantages of the new operation is to dispense with the use of the clamps I radically differ with him upon this point. There is no more excuse for employing the clamps upon the upper third than upon the middle and lower thirds of the broad ligament, and nothing is gained either in time or safety; and the criticism still remains unanswered that it is unsurgical to clamp nerves, and it is equally unsurgical to crush blood vessels, when wounding them is unnecessary. Dr. Streeter says the clamped tissue will slough off and leave almost as small a scar as if cut by scissors. In these days of aseptic surgery I do not appreciate the object in inducing a slough when it can be so easily and satisfactorily avoided.

In speaking of the pinching of nerves by the clamp, Dr. Streeter offers as an answer to the objection of pinching of nerves that all scars are liable to pinch nerves, and he sees no reason why the scar in the vaginal vault will not do it in one case as well as in another, stating that the slough from the clamp gives almost as small a scar as a cut from a knife. It is not the final pinching of the nerves in the healing process after the slough has come away that is the objection to the use of the clamp. It is the shock involved while the clamp is left in situ for twenty-four or thirty-six hours, and also the unnecessary destruction of the blood vessels which, by the "Pratt operation," are left intact and are so useful for nutritious purposes after the operation that it is not only useless but harmful to destroy them. The wounds which pinch nerves in healing are ragged wounds resulting from laceration of tissues. As the "Pratt Hysterectomy" involves clean cutting, the nerves are severed on a level with the rest of the tissues, and no impingement of nerve tissue results in the healing process. The stitching together of the margins of the broad ligament and the wounded edges of the peritoneum in front and behind is considered by Dr. Streeter as unnecessary. This, I believe, is also the opinion of Dr. Pozzi, of Paris, who has also witnessed the Pratt operation for hysterectomy. As this is merely a matter of closing the wound it is not a criticism upon the hysterectomy proper. The object in stitching the surfaces together is to avoid hernia. Both Dr Streeter and Dr. Pozzi feel confident that there is no danger whatever from hernia if the opening is merely plugged instead of stitched, and claim that the plugging ensures better drainage. This is a point which nothing but experience can decide satisfactorily. It has been the fear of hernia and the desire to establish a substantial peritoneal floor that has seemed to call for the stitching. But the opinion of these two eminent surgeons is valuable, and if the stitching can be dispensed with it will save fully half the time of the operation and dispense with what is really the most difficult part to perform.

In the latter part of the article Dr. Streeter very frankly expresses himself as follows: "I cannot follow Dr. Pratt in all that he says or in all that he does. This may be my fault or it may be his. It is contrary to my nature to quickly accept innovations or new methods, but I have watched with great care and splendid opportunities the development of his system of orificial surgery from its inception and I am now ready to go on record in regard to it. I believe that it is the most useful and far-reaching addition to modern surgery; that it has set the medical world to thinking in as practical a direction as did the promulgation of the germ theory of disease, and that in its beneficence it is only equalled by the discovery of the uses of anesthetics."

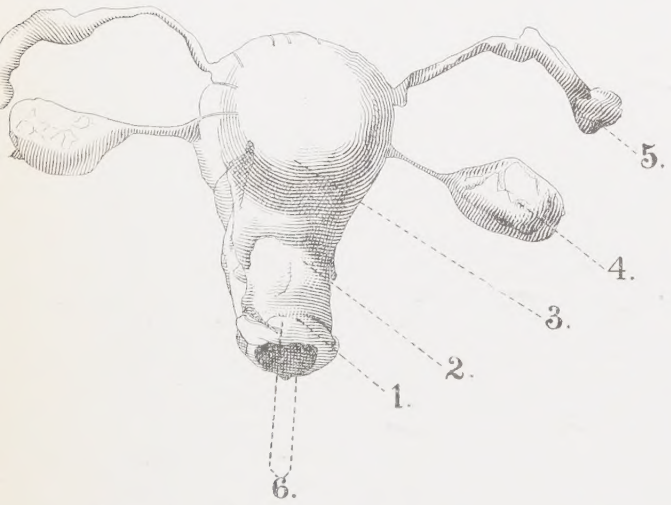
In this sentence Dr. Streeter illustrates by his own confession that it is contrary to his nature to quickly accept innovations or new methods. In other words, he proves himself extremly conservative. The orificial philosophy is now, as a philosophy, eight years old. Dr. Streeter was one of the first to make its acquaintance and he has been diligent in his investigations.

It has taken him all these eight years to come to a satisfactory conclusion as to the merits of its pretensions. Hundreds of other practitioners with less opportunity have risen in its defense and engaged actively in spreading a knowledge of it among their professional brethren many years in advance of him. He is unquestionably conserva-

tive, and all the more value will be accorded his opinion in consequence. In estimating his opinion of the hysterectomy, however, this conservative quality must be taken into account, and he must be allowed longer time in which to make up his mind as to the merits or demerits of the operation. It would seem that he had been induced to express a professional opinion a little prematurely. But the honorable and courteous manner in which he has done so robs his present opinion of all unfairness, and simply stamps it with the honest conservatism which is characteristic of one of the foremost and most skillful gynecologists of the present time.

The following cut illustrates the specimen obtained in the seventy-third hysterectomy which I have performed by what I still feel amply justified in designating as a new hysterectomy. The case will be duly described when the serial article upon

1. Uterus as it appeared after removal.



1. Point of vaginal incision.
2. Situation of internal os.
3. Point of entrance to peritoneal cavity.
4. Ovary.
5. Fallopian tube.
6. Point of attachment of guy ropes for holding uterus.

Vaginal Hysterectomy appearing in the *Journal of Orificial Surgery* is resumed. As no cuts of the operation have yet appeared I desire to insert this one in connection with the present comment in hopes of demonstrating a little more clearly than can be done by description how exceptional and unique and new is the hysterectomy which I have the honor of introducing to the profession.

This uterus with its appendages was removed by the Pratt method without wounding the uterus, without wounding an artery of sufficient size to call for either artery forceps or ligature, without the employment of any instrument, in fact, except a pair of tenacula, a pair of sharp pointed curved scissors, a spud, a hysterectomy knife, a few T forceps for seizing the peritoneal margin, and needles and silk thread for guy ropes, and needles and catgut for closing the peritoneal gap. As the tissues in this case were considerably relaxed, not, however, to the point of procidentia, it was possible to remove the uterus and its appendages as one piece, as illustrated in the cut, and that, too, within the space of fifteen minutes.

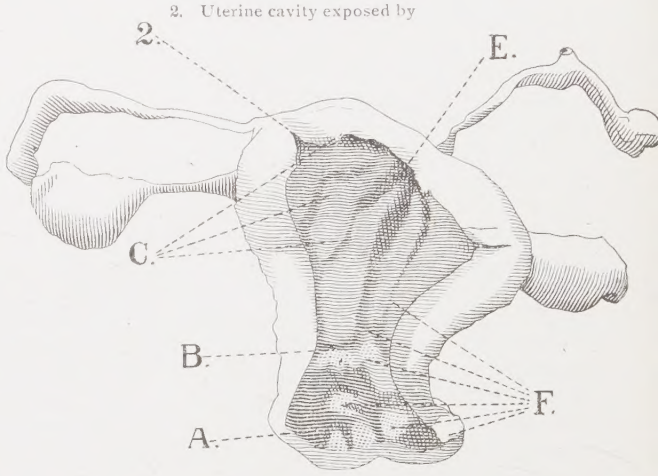
I found not the slightest excuse for the employment of either clamps or ligatures and cannot understand why a surgeon should insist upon employing them when they are not necessary.

When the clamp or ligature operations can present as beautiful a specimen as this in defense of their reputation I will cheerfully accord them a greater degree of merit than any at present seem to me to call for.

This is the fifth specimen of this kind secured in the seventy-three hysterectomies. Many more could have been produced had an effort been made to retain the organs in continuity. It has been the common practice, because it is simpler, to remove first the uterus, and afterwards the ovaries and tubes. But the present specimen illustrates the carefulness of the dissection required, and perhaps will give the readers of the MEDICAL CENTURY a better conception of the operation than they could otherwise obtain.

If this is not a new operation, which removes the uterus and its appendages without clamp,

2. Uterine cavity exposed by



A Exterior os.
C Roughened and hardened attachment of remains of placenta.
D Uterine orifice, right fallopian tube.
E Uterine orifice, left fallopian tube.
F Cancerous growth in cervix and lower part uterine body.
E Interior os.

cautery or ligature, without wounding the uterus, or ovaries, or tubes, and without excessive loss of blood, very much less, in fact, than is usually sacrificed by any other form of hysterectomy, then I shall have to ask for a better description of its prototype than I have yet seen in medical literature. Yes, it is an improved technique, but as almost every step of the operation is radically different from all other known methods the technique is so radically improved that the whole proceeding must strike any fair minded surgeon as an entirely new one.

The second cut illustrates the same specimen with the uterus laid open. The endometrium presents on its posterior surface in the neighborhood of the fundus, a large area of hardened tissue, which probably marks the previous attachment of an after-birth, but which has the appearance of a tendency to cancerous degeneration. The upper part of the cervix and the lower part of the body of the uterus is filled with hardened nodules of cancerous growth varying in size from a split pea to a hazel nut. The woman comes from a cancerous family; her mother and several of her female relatives died from uterine cancer.

The patient made a rapid recovery.

Surgery.

ESTLANDER'S OPERATION.

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To give a concise description of this operation I cannot do better than quote a paragraph from Gerster's Antiseptic Surgery. Under the head of this topic he says: "Cases of inveterate empyema throw much greater difficulties in the way of the surgeon's efforts to cleanse the cavity and fistula than recent cases. The retraction and consolidation of the lung and its involvement in more or less thick coats of pseudo-membrane prevent all attempts at closure of the thoracic cavity. The unyielding lung cannot expand, while the contraction of the partially yielding walls of the thorax, accompanied by lateral curvature, by a close crowding together of the ribs and a corresponding flattening of the affected side of the chest, has its limits. Thus a secreting hollow space is maintained within the chest cavity that cannot be obliterated by the unaided efforts of nature and ultimately the patient's strength and life is sapped. The injection of irritating fluids and the packing of the cavity with strips of lint are of no avail, and the only means of effecting a cure is by multiple excision of the ribs according to the plan of Estlander."

The rationale of this plan is to do away with the rigidity of the chest wall by removing suitably long sections of as many ribs as are found to correspond to the cavity, and thus the limbered thoracic wall can be depressed and brought in actual contact, or nearly so, with the opposite pulmonary surface, where it will be maintained by cicatricial adhesions that will form before the reconstruction of the exsected ribs. In due course of time the affected lung may even regain a large proportion of its former functional capacity by distension and aeration. The more or less re-establishment of lung capacity is manifested by the disappearance of lateral curvature.

I would not be understood as saying that every case of empyema or pyo-thorax requires such radical treatment; indeed but a very small per cent. of them do, but when the exceptional case is found, where all methods to close the cavity have failed, where repeated punctures for evacuating the pus only decrease the sufferer's vitality and lessen the possibilities of recovery, then the physician asks himself, Must I lose my patient by death or is there not some more radical measure still at hand which promises hope?

Formidable as the operation may seem, it is not possessed of a high mortality. Gerster reports two cases, both recovered; Berger reports 26 cases of which he says: "Ten were cured, five improved," but he did not say what became of the remaining eleven. Other cases reported in the Annual of 1892-93, recovered.

The history of a case which I present is as follows: Clara Bernes, aged seven, family history good, no tubercular or strumous signs, mother has two other children in good health. Last March she took cold and complained of a pain in the chest; pleurisy followed, and the child was sick a month when the attending physician suggested that there might be pus in the chest cavity and wanted to aspirate; the parents objected and this led to the transfer of the patient to Dr. Schladermundt, to whom I am indebted for the case and surgical care of the child. From the large area of dullness on the affected side and the previous history of the case, Dr. S. decided that there was a large quantity of pus in the chest cavity, and insisted on its removal. As the parents still objected to the operation, two consultants were called; both rather doubted the presence of pus and favored the belief that the lung was hepatized. Time went on, the child grew worse, breathing became difficult, emaciation rapidly ensued, fever and chills alternated. Dr. S., still firm in his belief, called Dr. L. A. Bull, who concurred with him fully. The chest wall was punctured with an aspirating needle, removing a large quantity of pus; this was on May 6th, 1893. Great improvement followed and everything seemed favorable for speedy recovery. In a few weeks, however, the old signs returned, and by May 20th she was as bad, if not worse than before. May 25th I was called by Dr. S. to operate, but before I arrived at the house the father sent word that it would be of no use to come for the child could live but a few hours and the operation was out of question. However, objection was overcome and a free incision was made between the fourth and fifth ribs. This gave us a good opportunity to evacuate the pus and wash out the cavity thoroughly, which was done frequently. Dr. S. suggested a counter opening at the lowest point of the cavity so that any future accumulation of pus might drain, but not wishing to subject so delicate a patient to any further shock than seemed necessary I desisted, which was probably a mistake.

Again the patient seemed to have a new lease on life; a large drainage tube was left in the wound and through this the cavity was washed out every other day. Her improvement in general health was steady; appetite, strength and color returned markedly; still the discharge continued from the wound. About this time she began to cough and raise matter which we found was pus that had made its way through an opening in the bronchus. In July we reviewed the case carefully and arrived at the conclusion that while she was not losing in strength she was not gaining. The discharge was very profuse; she expectorated pus which must have come from the pleural cavity by way of the bronchus. We felt convinced that there was a contracted lung on that side and a consequent large cavity between the lung and the chest wall. We seriously questioned nature's ability to so expand that lung as to aid in the diminution of the cavity. The contracted lung had caused a change in the shape of the chest and a marked lateral curvature.

Estlander's operation, as above described, seemed most suitable to the case and it was undertaken. She entered the Wilcox Private Hospital July 25th and was operated on the following day. An incision was made from the cicatrix, about the lower border of the scapula, extending forward along the lower border of the fourth rib; two downward incisions at right angles to and at either end of this were also made. The flap of integument was dissected off, exposing the ribs; the periosteum of the latter was incised, the rib sev-

ered at each end of the integumental incision by means of bone forceps; sections of each successive bone were removed. The intercosal muscular layers were not disturbed. The upper incision was made sufficiently large to admit the greater part of the hand into the chest cavity, by which means I could ascertain the exact condition of the lung. It was covered by a tough investment which did not seem at all like normal pleura; so unyielding was it that the lung expanded but little, if any, with each inspiration; indeed, I had my doubts whether it ever would expand again.

A marked escape of air during inspiration showed conclusively that the air passages were perforated and the pus coughed up came from the pleura. The integument was sewed close in place, save at the upper line of incision where the cavity was packed. The patient remained but a week in the hospital. She had no temperature nor any signs of pneumonia. She returned every alternate day for dressing for three weeks, when she was discharged cured. Her condition, now seven months since the operation, shows how satisfactory has been the recovery. She has no spinal curvature, the weak lung expands normally, and she is well nourished and healthy.

TWENTY YEARS OF SURGERY.

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SECOND PAPER.

The paper introductory to this series (Medical Century, February 1st, 1894,) aimed to get at the source and significance of the ideas underlying the principles of the newer surgery. And now the precious fruit, from the seed that first fell upon the unfruitful soil of experience, is brought into sharp contrast with that which soon will have passed away forever.

A CONTRAST.

Twenty years ago the army surgeon still stood upon the proud pedestal of glorious achievement. In every village and hamlet his authority was unquestioned. The people placed above his head the halo of great experience. All honor to those who placed American military practice upon the very pinnacle of fame!

But there were hundreds of doctors who had served in various capacities in the war that were in no way entitled to such distinction.

Their influence reflected itself in the popular idea that the great feat of the surgeon was to "cut off legs" and to do it in style. There was much dash and swagger about their performances, which was even affected by the college professor of the time—possibly in deference to public sentiment.

In manual dexterity they excelled. The amputations done, vessels were secured with silk and after placing the drains the wound was closed, ligatures and drains protruding. Moist dressings, adhesive strips and firm bandagings completed the dressing. If all went well, abundance of "laudable pus" bathed the wound and saturated the dressings by the third day. The patient was weak and sick, and suffered much pain. The wound had a blush; there was considerable tension upon the sutures; the dressings, which were painful, had to be done daily.

The progress of the case was marked by "startings" of the stump; the soft parts retracted—producing "conical stump;" the ligatures were slow in coming away and then were removed by a jerk, causing intense pain. There were sinuses, bone exfoliation, painful cicatrix, neuralgia and various degrees of poor healing.

Only simple incised wounds healed by primary union—sometimes partly by first intention and partly by granulation. The first principle of healing was to heal from the bottom. Laudable pus was an evidence that material in excess was being provided for the healing process and was regarded as salutary. The cases which recovered went through a severe and protracted ordeal. Medicine, of course, cut an important figure in such cases. Much was said of "inflammation setting in" and the "constitution." The prognosis was usually guarded.

The army surgeons influenced public opinion in favor of immediate amputation in the accidental cases. The rule was to add the shock of operation to the shock of injury. There was quite a mortality from shock. The chief mortality was from septic infection. There was the shock of the injury, the mental shock, the customary forced anaesthesia, the shock of the operation, the protracted vomiting, the opium, the cathartics, the low diet and the infected wound. What an unequal struggle for life!

When we were able to undo wounds on the fourteenth to twenty-first day, entirely healed and the original dressings scarcely stained, the surgeons who had fought the antiseptic method had to admit that they could not do it! Later on, some of them raised the cry against chemical antisepsis and tried to kill microbes with water.

Having run the gamut of the several phases which have marked the evolution of aseptic and antiseptic methods from Lister's spray to "water from the top," personal preferences need not enter into the discussion.

The fact is, that there are two classes opposed to chemical antisepsis, both as a principle and as a method; namely, those who have never mastered the subject, and those who use sterilised materials only.

The latter work mostly in the abdomen, where chemical antiseptics are certainly inappropriate; but it is a mistake to say that they do not follow antiseptic methods and yet attain the highest success.

In my own work, which embraces several hundred abdominal cases, with a mortality excluding hysterectomies of 3 27-100 per cent. and less than 7 per cent., including all, no chemical poisons have been used in the abdomen; but the abdominal walls, the ligatures, sutures and the dressings have been treated chemically, of course. I know of no surgeon who has attained great success who has not virtually destroyed the germs of infection, chemically or otherwise. Deferring all discussion of peritoneal surgery for the present, it may be said that the abdominal wound should be treated upon the same principle as other wounds. Suppuration is at least as much to be deplored here as elsewhere. Heat and moisture favor germination! Why, then, does our good Prof. Gilchrist apply dressings soaked with *Hypericum* solution and get a great "stitch-hole" abscess, as in his recent report in this journal of two interesting abdominal cases?

Of course there is a great deal that masquerades as antisepticism that is very far from it, and vital resistance as a factor is hard to estimate. Upon theoretical grounds, the problem was a difficult one, and it was hard indeed to adopt the theory of the agency of germs. Perhaps this verifies the old adage that "Ideas are more stubborn than facts."

Every one has, or should have, his ideals or standards of excellence. They are in some sense a measure of capability. The victory is half won when the peculiarities of a given case are apprehended and we feel sure of hitting the mark.

And this must be decided for the case in hand, for what may do very well for a majority of patients may fail in a given case, and very often from avoidable causes. Possibly we have not sufficiently appreciated this fact in surgery. Very likely it would be better if surgeons could see more of their patients before an operation. It would give an opportunity for observing the actions of the machinery of life. It would, were he attentive, enable him to note the exceptional and peculiar in the case, which, insignificant in itself, so far as the majority is concerned, is still of vast importance to one of the minority.

Take the automatic functions controlled by special mechanisms! How important is the quality of rhythm, for example? Rhythmical breathing, rhythmical heart action and intestinal rhythm are important beyond question. It is almost sure that there is nervous rhythm also and probably a rhythm of the function of all organs. It really is not enough to know that the pulse is 72, the respiration 18, the temperature 98.5° F.; that the bowels have been purged or moved by enema and that forty ounces of urine of normal constitution have been voided the last twenty-four hours. That is, in some cases, this favorable showing may be entirely misleading, as surgeons of experience have cause to know.

Generally such a showing would be regarded as very good indeed, but exceptionally even so good a record as this may be made and the patient may still be in poor condition for an operation. The test of rhythm is then an important one. A heavy load cannot be pulled by a team which does not pull together; so it is with the several vital functions, the vigorous action of which is best determined by the rhythm.

The proper balancing of functions—the "pulling together" of the vital forces, is the ideal condition for a surgical patient. The operation alone may be severe enough to unbalance these forces, and the same is true of the anesthetics, particularly if unskilfully administered; but operation, anesthetic, temperature of the room, exposure of the patient, and to some extent *time*, will each contribute factors of danger.

The truth is, too many patients die from our failure to take these matters into account, and many who recover come too near dying from this neglect.

It would seem that with the abolition of the great danger from hemmorhages, shock and septic infection, and greater skill in administering the anesthetics, conditions quite uncommon formerly are now amongst the most common sources of fatality.

This unbalancing of the forces shows itself in poor breathing and poor heart action, in disproportion between the pulse and temperature, and disproportion in the temperature of different parts of the body. There is a peculiar restlessness and vigilance and a countenance expressive of imperfect respiration.

The condition is allied to "shock," but the picture of shock is wanting. It may be that the use of heart stimulants may have transferred the picture, but nevertheless such cases occur without marked surgical shock primarily. They are not septic cases in any recognized form, although unclean abdominal cases yield the greatest number, next to grave procedures in malignant tumors.

Persons of refinement, who have overtaxed the nervous system and have little reserve force, are most liable to fall into this condition. They are deceptive, for they appear to better advantage and conceal their trepidation better than others. Most all professional men are of this type.

Institutes of Medicine.

THE LAWS OF CURE.

By E. R. EGGLESTON, M. D., Ann Arbor, Mich.

PROF. PRACTICE OF MEDICINE, HOMEOPATHIC MEDICAL DEPARTMENT, UNIVERSITY OF MICHIGAN.

My present purpose is to present some theoretical considerations of the therapeutic law which forms the basis of so large a part of our work. I say theoretical, not because they stand outside of practical demonstrated knowledge, but because they are general and special grounds upon which our practical administration is based. As we speak of pathology as general and special, according as we limit its consideration, so we may speak of general and special therapeutics, according to limitation or application.

Does the formula *Similia Similibus Curantur* express a law? Yes. A law of what? A law of nature. Being a natural law it must conform to such terms as these. It must not antagonize nor be disproved by any other; it must yield its results from like causes when applied on equality of other things on its own ground in the natural order of things, and at the same time show a constant relation with other laws, with other points in the natural scheme—relations always true under like conditions. Such qualifications are characteristic of all natural laws. If it is a law of cure it must harmonize with natural law as a whole or part; must conform to its terms and limitations; must be constant and logical, and demonstrate itself as one among other laws that govern forces.

Our claim is that it is a law of cure of disease; a natural law. What do we mean? If one claims that it is a law of particular and peculiar application, which has no points of contact or relations with any other law, and that otherwise it could not be a law of cure, and if another insists that it is a law of universal application under proper conditions, that it touches at all points and relates to every other law, and that otherwise it could not be a law of cure, which is right? which ought to be right? which do we mean? which ought we to mean?

It may be assumed that the profession believes—one member of it does, at any rate—that the universe and all its parts are under law; that the

individual and associated motions of the heavenly bodies, and the quantities and qualities of light, heat and electricity which circulate among them, or attach to them, are under law; that successions of seasons, the fall of water and rise of vapor are under law; that the life of man, his growth and degeneracy, his health and disease that is fatal or curable is under law; that violations of normal relations among things may be remedied by establishing new relations or restoring the old; that disease under the law finds cure by the law, and that *Similia Similibus Curantur* is the law.

Under normal conditions nature makes no mistakes. Law is law, whether in meteorological phenomena or in the cure of a like disease by a like drug.

Put to the proof by tests ordinarily applied, they are found to be in no sense different from those applied in the case of any other special law. These are found to be: (1) its general conformity with natural law; (2) its special conformity with other special laws; (3) its universal applicability, other things being equal. Compare Ohm's, or Newton's, or Kepler's, or Jenner's, or Crooke's, or Pasteur's law with that of Hahnemann, and wherein or by how much do they or does it fail to stand the tests, and by how much is any one undignified in the presence of the other? Each master has caught and crystalized a gem. After Ohm, and Newton, and Kepler order reigned where confusion had been; after Hahnemann the art of medicine was stamped with the scientific seal. More than this, Hahnemann's law confirms that of Pasteur and Ohm; and the laws of Jenner and Crooke confirm that of Hahnemann.

No fact more clearly substantiates similia as a law than this: that it has its relatives and corrollaries. Instance any great law of nature and the fact is disclosed that subjectives cluster about it in the position of consequents to antecedents or of dependencies. Further: all relatives, whether co-existent with the principal or a necessary outgrowth from it, bear a proportionate relationship to it. That is, the operations of dependent laws must sustain a proportion to the law of control which is capable of expression in terms of quantity and quality. These facts are something more than mere abstractions. The habit of applying the greater original may have, and probably has, blinded our eyes to the significance of various limitations. For example: if it is said, as it frequently is said, that dosage under the law similia has no other relation to it than mere juxtaposition or experience, is it true? Ought it to be true? Experience may have led to demonstration of the fact that the 3d or 30th attenuation of *Sulphur* is most suitable for given conditions. Why? To admit the fact explains nothing. If the pathology of the given case presents a parallel to the pathogenesis of the remedy that one should be neutralized by the other requires a balancing of the force of the one against an equal force of the other; and therefore the curative effect of *Sulphur* becomes conditioned, the dose is 3d or 30th according to definable conditions; it must conform to the terms of the original law that like cures like with like force in quantity and quality. Nor is this a solitary instance. There are still primary and secondary effects of disease and drug, their actions and reactions, and the dynamical, chemical and mechanical effects of diseases and drugs, still to be related to each other according to the same balances, and in no case are conditions fulfilled by any law of chance or accident.

We evidently make a mistake if we consider any of these as provisional, or accidental, or potential factors in the problem of health and disease, in the sickening of the one and in the cure of the other. They are active factors—always active factors The same forces which, violated, produce actions of degeneration, under other relations produce actions of regeneration. The same forces, under certain normal conditions, produce senile decay while under certain other normal conditions they sustain, and restrain, and neutralize, with an aim to preserve the individual.

Now of the truth of all this I am profoundly convinced, and practice it with an absolutely abiding faith. But however firm our convictions may be, let not dogmatism close the avenues to more extended and perfect knowledge. There are a few—very few, in this age of startling scientific discovery, for whom the conclusions of the discoverer of this law are the be-all and end-all of scientific acquirements, but the vast majority are questioners and learners. The latter begin with the formula itself and ask why it is true? An answer comes as I have indicated, that being a natural law it cannot be other than true. They ask, is it a universal law of cure? No. Why? Because the things it is placed over against are not always equal to the things on the other side of the equation. For instance, it does not always equal chemical terms ; nor does it equal mechanical terms ; and both stand for the motions of disease. It does meet the terms of dyamic disease, and here its logic is as irresistible as its practical results are unanswerable. They ask again, if both sides of the equation are apparently equal and of like kind, why are not predicated results verified? This apparent failure of the law is not a failure, according to my estimate, but is, rather, a misapplication of the law, in this : that *the law of the patient is not the law of the laboratory ;* that is, the evolutions and devolutions of drug-action in provings upon the healthy, or the conclusions of laboratory investigations do not find their complement in the sick body; that is, pathogenesis and pathology are not the same thing, are not equal terms, are not similar. Why? Because the symptoms of the well man are not those of a sick man. In the first case every organ, tissue and function is normal and normally environed until disturbed by artificial means; in the other, no organ, or tissue or function is normal, neither is it normally environed, and is made so by natural means. Let it remain, if you please, that the parallel between experiment and practice holds good in the main ; the exceptions remain, also, to be accounted for. How to be accounted for? By introducing the qualifications of individuality—the very thing, the absence of which has brought confusion and failure to the prescription.

Time, causation, phenomena, personal equation and material modifications mark the individualisms of disease (note the plural). That is to say, rarely may an individualized totality be found which is not made up of units of individuality, each of which has individualized one side of the total. To illustrate : In the treatment of pneu-

so far unfair that they attack the remedy more than the dose; this last condition is one that weighs very heavily in the balance if one considers that in the reigning school the question how far one can go with the dose of a certain remedy—that is to say, how much of it can be given at once—is always uppermost, whilst the question "How little of a remedy can be given" remains to this day untouched. These warnings are, so to say, engravings which illustrate the indirect complications mentioned by Dr. Myerovitch, and which give rise to the question whether the benefit of the drug is not outweighed by the complications; but if one takes into consideration the fact that these indirect effects are not always called forth by the drug itself, but by the excess of the dose, it is evident that the so-called physiological school breaks off of its own accord the thread of Ariadne which would have been a guide out of the labyrinth; the light which might have been a guide in the dark is wilfully extinguished; but nobody looks at things from this point of view, eyes are closed expressly and it is no wonder if we hear words such as the following spoken: "The tenets of sane, common sense find no admission amongst the civilized set."

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Second. A prominent physician of Petersburg, *Wratsch*, 1892, No. 39, page 993, gives the following opinion about an article upon the treatment of cholera and other infectious diseases. "We ought to keep aloof from all inner dis-infecting remedies and begin the treatment of the patient himself instead of losing precocious moments. The fewer medicines we will use the better it will be. We should not quiet our minds by prescribing some kind of drops but acknowledge our own impotence and search for really rational remedies." Very well said; but I have a question to put: Where is the principle which is to lend a leading hand to the searcher? For searching without a principle by which to be guided is nothing but a game of blind-mans buff.

Third. Dr. Schaeffer, of Biasan, addresses himself by letter to the editor of the *Wratsch*, 1892, No. 35, page 890, and communicates that during the cholera epidemic of 1871 he had given his assistant the direction of administering a clyster of *Camphor oil* and *Olive oil* to a pulseless cholera patient; after a few hours he found the patient very excited with dilated pupils and a strong pulse; the assistant had used an overdose of pure *Camphor oil*, and, thanks to his mistake, the patient recovered. This proves what a large dose of *Camphor* can be supported by a cholera patient. The same doctor considers it his duty to at the same time call attention to the sub-cutaneous injections of *Chininum* recommended by Botkin and other doctors. This is also a way by which remedies, and particularly large doses, gain their reputation, and that only because they are supported by the human organism.

Fourth. The editor of the *British Medical Journal* of November 15th, 1892, warns against the use of a preparation of *Camphor* in a dose of fifteen to twenty drops every fifteen minutes, a remedy which is very much recommended, in which two drops of the solution contain one grain of *Camphor*. There have been cases where such doses called forth very serious complications.

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Before we pass to the examination of single remedies, let us throw a look over the different modes of treatment which are still current, those that are planned for the future and some that have been abandoned as unsatisfactory; they will show us what is "rationality" in its most prominent features.

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As to the second indication, concerning the removal and neutralization of the poison, it is obtained by the entero-clysis better than by any other remedy, as it fulfills both aims. If the poison has already entered into the blood in has to be recovered through the intestines, skin and kidneys by means of abundant perspiration; the kidneys cannot be taken to task as they are themselves very strongly irritated by the poison, but mild divertive remedies, such as *Caffien*, might be suitable. He completely rejects the subcutaneous injections recommended by Cantani.

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such barbarous methods may be, the grain of truth must not be despised. Nature, herself, sets the example of natural revulsions, of which the artificial method has been such a caricature, and so revulsion by natural selection remains true.

Now, then, what have we ?

Homeopathy—*Similia similibus curantur*—a natural law, potent, beneficent, of very wide applicability.

Antipathy — *Contraria contrariis opponenda* — another law, harsher, exceptionally indicated, and therefore of limited applicability.

Revulsion—Still a law, the harshest means employed by nature to relieve a suffering organism, and therefore the last adopted.

In order of importance as named : first, the similar; second, the contrary; and third, the revulsive, these are the laws of cure. They are dynamic, also, in a diminishing scale from first to last. Besides these there are still the laws of mechanics and chemistry which furnish no small share of curative principles.

Let us have a care, then, that we do not arrogate to ourselves the exclusive possession of the law of cure, therefore being the only representatives of scientific medicine. That ours is the more comprehensive and exact, and invincibly scientific, we may be content to know, the while admitting other legal and logical methods. To accomplish her purposes Nature rarely confines herself to single avenues, using, rather, that lying nearest or that which traverses the distance between two points by the most direct line.

Let us freely confess that there are still ignorances or unexhausted possibilities in medical science, and that dogmatism postpones the day when we shall see clearly. In the promulgation of what we know, the acceptance of purely physical phenomena which are of necessity involved in our methods of experimentation, must stand first. In the second place stands the less certain but vastly important field of possibilities or conclusions established in the related field of the physical sciences, with which the first must be related to become valid. While in the last but not least important place stands the impending possibilities of that which we know not of, which lies wholly unknown behind it all. It is the Duke of Argyle who says:

"But the progress of science, and even our appreciation of its teaching, is absolutely dependent on two conditions: first, that we bear constantly in mind the wide seas of ignorance which surround the little islands of our knowledge; and, secondly, that we rightly estimate the full sweep and significance of the facts and laws which we can clearly see. It would be difficult to say whether our science has suffered most from forgetfulness of the things that we do not know, or from failure to appreciate or exhaust the consequences flowing from the things we do know."

If, therefore, there are to be found philosophical or scientific lines upon which to base our studies, or a series of facts of which any one is a member whose relation completes or rounds out the whole, it is along such lines that our course should be pursued. The practice of medicine is composite. Normal and morbid anatomy, physiology and chemistry are as much the elements of a given case as are the subjective symptoms; such factors as nutrition, secretion and excretion are of importance equal to pain, heat and redness ; heredity, predisposition and environment are equals of such physical signs as hepatization and crepitation. That is to say, life and health depend upon an equality of things; disease depends upon unequality of the same things, and these it is our business to discern. As far as my influence goes or my knowledge extends there shall be given an emphatic negative to the idea that to successfully practice Homeopathic medicine there need be no pathology, no diagnosis, no prognosis, for I dare maintain that without definite ideas of pathology to give meaning to symptoms, without correct diagnosis which relates symptoms to tissues and functions, and prognosis which forecasts results, there can be no proper conception of disease in general or particular, nor of means for its cure. It follows, logically, that our therapeutic applications are subject to the same conditions.

Remedies apply to objective and subjective symptoms, not indifferently, but perspicuously, just as clearly as the same lines are drawn in disease. For instance : a drug, the pathogenesis of which shows that its effect is upon the spinal cord, is not indicated in disease of pulmonary tissues, symptoms or no symptoms; one that affects muscle exclusively has no relation to mucous membrane. A striking example of this is in the case of *Borax*, which produces the most perfect picture of pneumonia of any known drug; and yet *Borax* never cures pneumonia; indeed is not mentioned in that connection, and all for the simple reason that its every pulmonary symptom is a mere residuary, a dreg of action upon other tissues. Safe treatment depends upon correct diagnosis; correct diagnosis depends upon practical knowledge of anatomy, physiology, chemistry and pathology; and, altogether, in whatever has been a factor in the case and the treatment of it, from cause along the whole line of phenomena to cure of the disease on the one hand, and from subjective, objective, primary and secondary actions of drugs upon it on the other hand, there is comprised all that goes to make up a safe scientific prescription. Short of this there may be, perchance, a successful prescription; but, even successful, it would be as successful and always safer if all factors that make up the conditions were entered into the account.

And so, notwithstanding all the objections urged and the phillipics perpetrated pathology becomes a truly practical science, always a trustworthy indicator, a never-failing finger-post pointing out the varying stages of disease. The study of pathology and therapeutics should be pursued together, for, as Dr. Holcombe says: "An exact parallel, functional and organic, between the phenomena of diseases and drugs, is necessary to the scientific selection of Homeopathic medicines;" and, as I say, a complete working symptomatology is only possible side by side with a complete working pathology.

EXCURSIONS IN THE DOMAINS OF THE PHYSIOLOGICAL MEDICAL SCHOOL.

By CARL BOJANUS, Sr., M.D., Samara, Russia.
CORRESPONDING MEMBER AMERICAN INSTITUTE OF HOMEOPATHY.

THIRD PAPER.

Warnings very naturally take their place at the side of open confessions, but these warnings are

so far unfair that they attack the remedy more than the dose; this last condition is one that weighs very heavily in the balance if one considers that in the reigning school the question how far one can go with the dose of a certain remedy—that is to say, how much of it can be given at once—is always uppermost, whilst the question "How little of a remedy can be given" remains to this day untouched. These warnings are, so to say, engravings which illustrate the indirect complications mentioned by Dr. Myerovitch, and which give rise to the question whether the benefit of the drug is not outweighed by the complications; but if one takes into consideration the fact that these indirect effects are not always called forth by the drug itself, but by the excess of the dose, it is evident that the so-called physiological school breaks off of its own accord the thread of Ariadne which would have been a guide out of the labyrinth; the light which might have been a guide in the dark is wilfully extinguished; but nobody looks at things from this point of view, eyes are closed expressly and it is no wonder if we hear words such as the following spoken: "The tenets of sane, common sense find no admission amongst the civilized set."

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treated a cholera patient, and much less, cured one?

II. The St. Petersburg *Medical Weekly Journal* of the 29th of August, 1892, gives us the following report of the treatment of cholera.

Calomel is principally used, also preparations of *Salol* and *Creolin*. *Iodoform* had to be put aside as it increased vomiting. Subcutaneous injections of salt are very often applied and entero-clysis with ½ per cent. and 1 per cent. of *Tannin* solution. The opinions as to the injections of salt are divided. Some boast of brilliant results, others complain, on the contrary, of complete failures. In the beginning of the disease exciting remedies such as *Camphor* and *Moschus* are given internally or injected subcutaneously; further, to incite the circulation of the blood, warm and hot baths are used, hot bottles, mustard plasters, frictions with mustard spirit. Ice pills or hot tea are given against the vomiting. *Opium* is seldom used as it is found injurious.

III. The *British Medical Journal* of the 1st of October, 1892, gives a report of Dr. Porter in Ranikhet, Bengal, in which he recommends what he considers the best cure of cholera. Each patient who is received in the hospital with suspicious diarrhea must take a sour astringent solution (Is it indifferent of which ingredients it is composed? Rep.). It is to be taken every two hours. The cholera patient receives:

1. First of all 8 grains of *Calomel*, and 5 grains every six hours till the stool becomes bilious, (But if it does not become bilious, what then? Rep.)
2. Subcutaneous injections for the night.
3. At the first symptoms of collapse a hot bath during half an hour, the bath repeated four times in the following 24 hours.
4. After the appearance of the bilious stool mustard plasters in the region of the kidneys, and interiorly, small doses of *Cantharis* tincture.
5. During the vomiting vesicatories applied to both sides of the throat between the angular maxillæ and the processes mastodicus.
6. As a beverage, water as much as the patient will take, but alcohol is positively injurious.

IV. In the session of the cholera conference in Moscow, held in March, 1893, Dr. Tokoloff proposes the following mode of treatment (see *Wratch*, 1893, No. 14, p. 405).

(a) During cholera diarrhea: *Calomel*, *Castor Oil*, copious enteroclysis (38–40, Als.) with *Tannin*, *Opium*, *Argentum nitr.* or *Plumbum acet.* Interiorly, fortifying and exciting remedies, with *Opium*, *Argentum nitr.*, base of *Saltpetre* or *Bismuth*, with *Salycilic acid* and *Solol*, either pure or combined with the preceding drugs.

(c) When the cholera has declared itself one must use ice, *Cocaine*, *Morphium*, cold compresses on the stomach and warm ones for the body, frictions of the extremities, mustard plasters, exciting remedies, *Natro-salycil*, *Caffein*, *Valerian*, *Camphor*, and other remedies applied subcutaneously; subcutaneous injections with a solution of physiological salt. In the stadium algidum one must principally use exciting remedies, such as subcutaneous injections of *Camphor* and other drugs, and copious subcutaneous injection with a solution of salt, according to Puritz. In all the forms of the disease wine and water is to be given. He prefers *Salol* to *Calomel*, and recommends *Argentum nitr.* symptomatically.

V. Dr. Wuisskovitch reports (*Wratch*, 1893, No. 17, p. 482) about the plan of treatment generally adopted in Kharkoff. In the beginning, first of all, two or three doses of *Calomel* of 8 grains every hour, and after that sometimes three to four grain every two hours. If the action is not sufficiently prompt *Castor Oil* was formerly given to prevent poisoning, but now it is obligatory; the treatment which followed was systematic. *Calomel* was chosen as the basis of therapeutics on account of its anti-bacterial effects. The author does not acknowledge any anti-bacterial effects in *Salol* with acombination of *Bismuth* and *Salycic acid* more potent.

VI. Dr. Wladislavleff, of Kimbirsk (*Wratch*, 1892, No. 34, p. 865), finds that in cholera the remedies cannot be introduced otherwise than subcutaneously; if the entero-clyses with *Tannin* are kept back, there are astringent, antiseptic and narcotic remedies. *Calomel* 0.03 is also very appropriate, and in the stadium algidum *Camphor* and ether *Moschus* subcutaneously; to rëestablish the functions of the sudorific glands he uses subcutaneous injections of *Polycarpine*, particularly if there are symptoms of the cholera becoming typhoidal.

See in the paragraph about *Calomel* the curative plan of Prof. Vinogradoff.

HYDRO-THERAPEUTICS.

To be consistent I give a place here to the water cure, although it does not originate from the Physiological School, which has no claim upon it.

(1.) In the *Blattern fur Klinische Hydrotherapie* for the month of July, 1892, Prof. Winternitz reports about the advantages of the water cure in cholera. It is even good as a prophylatic remedy during the epidemic; such is the opinion of Regenhart, Staeger, Baecker, C. A. W. Richter, Bromberg and others.

I do not enter into the minutiæs of this treatment, partly because I am short of space and partly because it is out of the sphere I am treating. I therefore refer the reader to the article of Winternitz, in which he describes the excellent results of Hydrotherapy applied even in the stadium algidum.

(2) In the same number of the same journal Dr. Busbaum says that the majority of the doctors who have tried the water cure in cholera have pronounced themselves in its favor.

(3) In the session of the Medical Society at Simbrisk on the 27th of July, 1892 (*Wratch*, 1892, No. 34, p. 865), Dr. Dubner expresses his opinion that the specific remedy against cholera has not yet been discovered; one ought, therefore, to abstain from using remedies whose action is uncertain and problematic, particularly as several drugs are given, either at the same time or mixed up together, so that it remains uncertain in which of the drugs may have had an effect; therefore the most judicious plan would be to keep exclusively to hydrotherapeutics.

In my next paper I shall deal with various empirical treatments of cholera.

PSORIASIS.

Front and Rear Views.

DERMATITIS EXFOLIATIVA.

MOLLUSCUM FIBROSA.

Front View

MOLLUSCUM FIBROSA.

Rear View.

Dermatology.

DERMATITIS EXFOLIATIVA; FIBROMA MOLLUSCUM; PSORIASIS.

CLINICAL LECTURE DELIVERED AT THE CHICAGO HOMEOPATHIC MEDICAL COLLEGE.

By JOHN R. KIPPAX, M.D.

PROFESSOR OF PRACTICE OF MEDICINE AND CLINICAL MEDICINE, CHICAGO HOMEOPATHIC MEDICAL COLLEGE.

Gentlemen:—The first patient to-day is a hospital inmate who has kindly consented to come before you at the request of Dr. Trowbridge. His case is an interesting one from the fact that it demonstrates a rare disease of the skin—dermatitis exfoliativa.

The history is this: The man, who is now about twenty-five years of age, has been affected with this disease the greater part of his life. When he was about eight years old, as he informs us, he suffered from dermatitis venenata on the face and hands, excited by poison ivy. Later a superficial hyperemia and inflammation rapidly spread over the cutaneous surface, so that in a very short time the entire covering of the body was involved. Attending this diffuse redness were itching and an exfoliation, first of branny, later of small or large epidermic scales. The skin now presents a deep red discoloration and appears tightly drawn, as if too small for the body. The disposition to retraction of the skin is especially noticeable on the face where slight ectropion of the lids and lessened mobility of the lips have already occurred, rendering the expression of the countenance somewhat striking. Under pressure of the finger the redness temporarily subsides or assumes a yellowish shade, and the integument when gathered up between the thumb and finger presents very little, if, indeed, any, infiltration and thickening. The temperature of the skin is slightly elevated, but subjectively there is a feeling of chilliness. The desquamation is branny on the face and flakey on the body. The flakes are papery and of medium size, and are adherent in the center and free at the margin. When removed, as by rubbing, they leave a smooth, shining, reddened surface. Owing to the application of a salicylated cerate the majority of the scales have been removed, and as a result the reddened appearance of the skin is more apparent than usual. The general health of the patient is good. This condition of things has persisted without any notable change for years.

Exfoliative dermatitis is a term applied to a rare inflammatory affection which is characterized by intense redness of the skin and abundant exfoliation of the epidermis in large flakes. It may develop as a primary affection or follow some other inflammation of the skin, and may be either acute, chronic or relapsing. Exceptionally it is limited to certain localities, but as a rule it involves the entire cutaneous surface. The disease is one of early or middle life, and pre-eminently of the male sex. It usually makes its appearance suddenly, either with or without constitutional symptoms, and is marked by the appearance of red, itchy patches or of a well-marked diffuse redness, covered with a fine desquamation. The eruption may first appear on the anterior aspect of the trunk and lower extremities, or on any part of the body. The redness may spread either gradually or with marked rapidity. The face, hands and feet are usually the last to become affected. There is usually very little infiltration and thickening. Itching and burning are rarely present except in acute attacks. Desquamation rapidly follows the redness and is persistent and abundant. It may be either branny or be made up of very thin papery scales or flakes. Fine scales are found more upon the face and neck. Medium-sized or large epidermic scales are found upon the trunk and extremities. On the palms and soles the epidermis is often detached en masse or in large pieces. The flakes frequently curl up at the margin and are adherent in the center or at one extremity, and when removed leave a smooth, glazed, reddened, non-infiltrated surface. As they rapidly reform after removal, handfuls of these scales may be shed daily. Although the eruption is essentially dry, a watery exudation resembling sweat rather than the plastic exudation of eczema may, as in this case, occasionally appear over a limited area early in the disease. A sensation of chilliness is often complained of, and perspiration may be partially or entirely suppressed.

The acute form may continue for months, then gradually subside and recovery take place. The disease predisposes to future attacks, and sudden relapses are not infrequent. The chronic or graver form may be prolonged for years. After a time the skin loses its elasticity, and the nails and hair become brittle and fall off. The tongue is apt to be redder than normal, and exceptionally exfoliation of its epithelium may be noticed. The general health may break down and fatal marasmus take place or the patient may die through the supervention of phthisis, nephritis, or chronic diarrhea.

The nature of the affection is obscure. The changes in the skin are supposed to be due to a disturbance of the trophic nerves.

The prognosis, while in the main favorable in the acute, is at the best extremely grave in the chronic form.

Dermatitis exfoliativa may be mistaken for chronic universal eczema, psoriasis, pemphigus foliaceous, or lichen rubra. Eczema is apt to show considerable thickening of the skin, pronounced itching and burning, and at some time a history of moisture. Psoriasis rarely, if ever, invades the entire surface of the skin. The patches are dry and markedly infiltrated. The scales are smaller, more adherent, and heaped up on a thickened base. Pemphigus foliaceous is most common in women and is characterized by the recurrence of flaccid bullæ, and the existence of moist eroded patches. Chronic lichen rubra is rarely so universal in its distribution, and the elementary lesion is papular instead of erythematous.

The internal treatment should be directed towards bringing about and maintaining a healthy condition of the system. *Arsenicum album*, *Arsenicum iodide*, *Kali arsenicum* and *Phosphorus* will be found to be the most serviceable remedies. Locally the use of bran baths or a decoction of walnut leaves followed by oily applications may prove beneficial. In the chronic form, when the patient is losing flesh, cod liver oil and a highly nutritious diet are required.

FIBROMA MOLLUSCUM.

The second patient whom I bring to your no-

tice is a man aged fifty-three, who has been troubled ever since he can remember with a great number of connective tissue tumors covering his body. These growths, you will observe, vary in size from a pea to a walnut, most of them, however, are about as large as a lima bean. They are quite thickly dotted upon the back, chest, arms and anterior surface of the lower extremities. In consistency the tumors are soft, and the skin covering them is smooth and of normal color. They are quite painless and occasion no inconvenience except such as may arise from their location or unsightly appearance. The patient is somewhat stunted in bodily growth, and complains of being easily fatigued upon the slightest exertion. He is the only member of his family suffering from the disease. You will readily recognize the case as one of multiple fibromata.

Fibroma, or fibroma molluscum, is a chronic hypertrophic affection of the skin, characterized by the presence of tumors of varied size and form, which take their origin from the dermal or sub-dermal tissues. The growths are usually painless, and are for the most part roundish in outline, soft and indolent with a lax covering of the color of normal skin or slightly pinkish. They may be sessile or pedunculated, and vary in size from a small nodule to a tumor of several pounds in weight. Ordinarily they are not larger than a walnut, and to the touch resemble a mammary gland in consistence. A simple variety of fibroma occurs upon the neck, breast or back in the form of small, flattened or elongated, more or less pigmented, pouch-like tumors. Multiple fibroma, the generalized form of the disease, is characterized by numerous soft, flaccid tumors scattered over the surface of the body. They vary from a dozen or more to thousands in number and are usually most numerous upon the trunk. As many as four thousand tumors have been counted upon one patient. In certain rare cases the fibrous growth hangs in one or more folds of skin from a broad base, presenting the condition known as fibroma pendulum. Some of the tumors are of firm consistence and feel like a split pea in the skin.

The causes of fibroma are unknown. It is a rare disease and occurs in both sexes, but is oftener observed in women than in men. It is more frequent among mulattoes than in pure white or black races. The Chinese are more liable to fibroma pendulum than are other nationalities. The majority of patients with fibroma are stunted in both mind and body. In many instances the affection appears to be hereditary, and occasionally it is congenital.

The disease is essentially benign, and is usually unattended by any symptoms except such as are due to the size or particular location of the growths, but occasionally degenerative changes of an inflammatory or malignant character occur.

The diagnosis of fibromata is not attended with any difficulty. Neuromata are usually painful and follow the course of nerves. The co-existence of fibroma and neuroma has been observed on post-mortem examinations. Lipoma forms a lobulated tumor in the skin and is not pedunculated. Sarcomata are of more rapid growth, and are of a dull red hue and tend to ulcerate. Molluscum epitheliale, otherwise known as molluscum contagiosum, is characterized by the development of small umbilicated papules or tubercles, varying from the size of a small shot to that of a pea, with cheesy contents. The growths are usually sessile, stand out like warts, and present a central opening from which a small quantity of sebaceous-like milky material can be forced out. They rarely number more than a dozen, are found more upon the face than elsewhere, and appear especially in children.

The treatment of fibroma consists in removal by the knife, galvano-caustic loop or elastic ligature. Removal, however, is not deemed advisable unless the tumors are few in number or their situation requires it. A liability to erysipelas after removal should not be forgotten. As tending to check the formation of growths, *Calcarea ars.* and *Kali iodat.* may be of service.

PSORIASIS.

Our next patient is a young man about fifteen years of age, who has had an eruption upon the skin for almost three years. It is a typical case of psoriasis. From the clinical history as obtained by Dr. White, clinical assistant to this department, we learn that the eruption first appeared as a little red spot upon the chest, just over the xiphoid appendix. Later three or four spots developed on the chest, after which no material change occurred until last May. At this time a a rash appeared, followed by a number of red spots all over the body. These increased in size until now the greater portion of the scalp, trunk and extremities is covered with eruption. The lesions are dry and slightly elevated, and are frosted with grayish or pearly scales, which fall in considerable quantity as the patient is disrobed. In the hair and along the frontal margin the eruption has a pinkish base, and the scales are readily detached by rubbing the scalp or scratching the integument. The patches on the trunk are mainly round or oval, possess sharply-defined borders, and vary in size from that of a pin's head to that of a silver dollar. Near the median line, where neighboring discs have coalesced, the scaly patches have assumed an irregular gyrate form. A few discs upon the abdomen and trunk show a tendency to heal in the center and form narrow scaling rings. On the extremities various patches of different sizes are distinguished, which are more numerous on the legs than on the arms. You will observe that the elbows and knees, localities for which psoriasis has a special predilection, are free from eruption. The palms and soles are not affected. Removal of the silvery scales reveals a red infiltrated patch, on the surface of which very minute droplets of blood may be seen. The subjective symptoms are unimportant, amounting at most to a moderate degree of itching. The patient's general health is good, and there are no dyspeptic symptoms. His parents are not known to have had any cutaneous disease.

Although the eruption in this case is quite extensive, it is highly probable that with proper treatment the patient may be entirely rid of it within a few months. As to immunity from future attacks nothing positive can be promised, and yet if constitutional treatment is persisted in there is a chance of his remaining free. [Under *Mercurius sol.* steady improvement has taken place.]

Psoriasis is a constitutional, non-contagious disease of the skin characterized by dry, reddish, slightly elevated patches, covered thickly with

whitish or grayish, mother-of-pearl-like, imbricated scales. It may occur on any part of the body, but is especially liable to appear on the tips of the elbows, fronts of the knees just below the patella, on the hips, and on the head. The elbows and knees are oftener affected in women than in men. When the head is attacked the eruption extends beyond the margin of the hair, and often forms a ring around the forehead and ears. The back is more commonly involved than the chest. The nails are at times affected and the free margins may become whitish, thickened and friable. The palms and soles rarely suffer. A sensation of itching is a sometimes present in a marked degree, but as a rule it is not troublesome.

The lesions invariably begin as small red papules, scarcely raised above the level of the skin, which quickly become covered with whitish, imbricated scales. The scaly papules usually increase at their periphery, and form flattened patches varying from the size of a pea to two or more inches in diameter. In the progress of the disease the patches tend to run together as they increase in size, and their circular outline becomes lost. Occasionally the centers of the patches clear up and rings or festoons are formed. As the discs increase in size the skin becomes more infiltrated and the scales become large, imbricated and more or less adherent. When the scales are removed numerous bright red dots—apices of hyperemic papillæ—are revealed, which are easily made to bleed.

Various designations were given by earlier dermatologists to the different clinical appearances presented by psoriasis in different cases, such as: p. punctata, when the lesions are pin-head sized; p. guttata, when the discs are small and round and have the appearance of drops of mortar scattered on the skin; p. nummularis, when the discs have the size of small coins; p. diffusa, when the patches become irregular in size and cover a considerable amount of surface; p. annulata, when rings have been formed by the patches clearing away in the center, while extending upon their periphery; and p. gyrata, when these rings join each other and form by their convalescence broken semi-circles or graceful festoons. These descriptive names must not be regarded as indicative of so many different varieties of the disease, but simply as expressive of the varying forms the eruption may assume during its progress.

Psoriasis seldom appears before puberty, although children may be affected; and it very rarely develops for the first time after fifty years of age. Heredity seems occasionally to play a part in its causation. It prevails more in winter than in summer, and in many cases disappears entirely at the latter season, to return with the advent of cold weather. While a few cases may appear to depend upon a gouty or rheumic diathesis, it is a singular fact that a great majority of psoriatic patients often appear to be the picture of health. In predisposed subjects an attack may be precipitated by debilitating influences, such as pregnancy, lactation, overwork and dissipation.

Next to eczema it is one of the most common of the chronic diseases of the skin. My experience in private and dispensary practice is that it forms about five per cent. of all cutaneous diseases in this country.

Concerning the pathology, the process is supposed to begin as a hyperplasia of the epithelial cells, and the inflammatory changes in the corium are believed to be secondary to it. The peculiar whiteness of the scales is due to the presence of air between the dried epithelial cells.

The diagnosis of psoriasis in well marked and typical cases is generally unattended with difficulty. Atypic cases are, however, sometimes encountered where the lesions bear a close resemblance to those of eczema, syphilis, lupus erythematosus and dermatitis exfoliativa. In eczema there is apt to be a history of moisture, while in psoriasis the lesions are invariably dry and scaly. The scales of psoriasis are more abundant, larger and whiter than those of eczema. The patches of the former are bold and well defined, while those of the latter shade off into the healthy skin. Itching is, as a rule, more pronounced in eczema than in psoriasis. A squamous syphilide may be mistaken for psoriasis. In the latter the patches appear to be on the surface, are very scaly and have a bright red inflammatory tint; while in the former they are dull red or ham colored, deeply indurated and only scantily covered with scales. Psoriasis may show repeated outbreaks of the same kind of eruption, while in squamous syphilide previous eruptions will have been of a different type. A scaly eruption confined to the palms and soles is almost without exception a syphilide. Lupus erythematosus is usually found upon the cheeks, the scales are scanty and of a yellow or gray color, and are firmly attached to the openings of the sebaceous glands. In dermatitis exfoliativa the suddenness of the attack, the universality of the cutaneous inflammation, and the abundant and continuous exfoliation of dry, thin, papery scales are sufficiently pathognomonic.

Psoriasis is one of the most rebellious of the inflammatory diseases of the skin. The prognosis is good as far as any one individual attack is concerned, in ordinary cases. The disease, however, is prone to relapse after a longer or shorter period. Left to itself it may run a variable course, continuing for months and often for years, or occasionally disappearing spontaneously.

Treatment.—The constitutional treatment of psoriasis is of the greatest importance. The following are the oftenest indicated remedies, in the order of their practical value. They should be carefully studied and compared with the totality of the patient's symptoms and if the simile is not to be found among them, a more extended search in the materia medica must be instituted.

Arsenicum sulphuratum is an efficient remedy for irregularly rounded, reddish spots covered thickly with scales, occurring on the trunk, knees, elbows and hips, and attended with itching and burning. It is adapted to cachectic subjects.

Natrum arsenicum is a very excellent remedy when the skin is dry and rough, and the patches are slightly reddened and covered with thin, whitish scales. The patient is sensitive to cold, and becomes easily fatigued.

Sulphur will often be of service to begin treatment with, and is of special value in obstinate cases to eradicate a tendency to return.

Chrysarobinum has proved an efficient remedy in acute cases attended with itching and when the

eruption was profuse on the lower extremities.

Cinnabaris is of value in scrofulous and syphilitic subjects or when the patches are irritable and of a fiery red color.

The *Iodide of Arsenicum* is eminently useful where there are persistent itching and burning and marked infiltration. The skin is dry and scaly and prick'ng sensations are experienced. It is useful in scrofulous subjects.

Mercurius solubilis is particularly useful in light-haired people, and in syphilitic and scrofulus individuals. The scalp is frequently painful to the touch, and dry, scaly spots appear all over the body.

Manganese is often indicated in inveterate cases and in rheumatic and gouty subjects.

Borax veneta has been used with success in psoriasis on the face and scalp, especially when the skin displays a dingy, unhealthy look.

Petroleum is useful in psoriasis of the hands and scalp, and when there are painful sensitiveness of the skin and itching worse in the open air.

Nitric acid is adapted to dark-haired people and is indicated where there is a dry, scaly skin, with stinging sensation in the patches.

Silicia and *Stannum mur.* may be of use when the nails are brittle, thickened and yellow.

Other remedies which may be of service at times are: *Arsenicum alb.*, *Phosphorus*, *Hydrocotyle*, *Selenium*, *Kali sulph.*, *Fluoric acid*, *Calcarea carb.*, *Sodium sulpho-carbolate* and *Sepia.*

Local measures are of more or less benefit according to the nature of the case. The scales may be removed by the free use of soap lotions, alkaline baths, or a two per cent. solution of salycilic acid in a mixture of alcohol and castor oil. Marked success follows the use of a ten per cent. solution of chrysarobin in liquor gutta percha, thinly painted on the affected patches by means of a stiff paint brush, and renewed every two or three days. On delicate skins it will sometimes produce an acute dermatitis, and should always be used with caution. It has the disadvantage of staining the skin temporarily. Owing to the uncertainty of obtaining a good quality of chrysarobin some dermatologists prefer a five per cent. solution of goa powder, of which the former is the active principle. On the edge of the scalp and about the face a five per cent. ointment of beta-naphthol or of thermol is preferable to chrysarobin.

A radical change in the dietary is frequently productive of the most beneficial results. As a rule all stimulating fluids and seasoned articles of diet should be avoided. Some cases are markedly benefitted by entire abstinence from nitrogenous food, while others steadily improve on an exclusively beefsteak and hot water diet.

Materia Medica.

MATERIA MEDICA MELANGE.

By W. A. DEWEY, M.D., New York,

EX-PROF. MATERIA MEDICA, HAHNEMANN HOSPITAL COLLEGE, SAN FRANCISCO.

Ruta Graveolens.—Dr. J. B. Ellis recently verified the use of this remedy in nettlerash from eating meat; the 3d potency was used.

The tongue of *Mercurius corr.* is moist, swollen, rather thickly coated with prominent red papillæ at the tip.

Infusion of string beans is a diuretic that often proves efficacious in dropsical conditions, and has given excellent results in lithaisis, pyelitis and diabetes mellitus.

Bread crust, contrary to the common belief, is not so good in diabetes as the other part; it contains 66 per cent. of starch, sugar and dextrine, while the pulp contains but 30 per cent.

Mercurius corr. is advised by Dr. Searle, of Brooklyn, to be given in alcoholic solution upon pellets, as it is claimed that it degenerates into the mild chloride in triturations, or may do so in time.—*H. Mo.*

Arsenicum and Mercurius corr. are the sheet anchors in the treatment of Bright's disease. *Arsenicum* suits oftener the symptoms of the parenchymatous form, while *Mercurius* is more often adapted to the interstitial form.

Chronic coughs, which persist after an attack of influenza, especially in those phthisically inclined, find their remedy oftentimes in Dr. Burnett's *Baccillinum.* It must be given not below the 30th and in single doses.

Causticum, which is also to be thought of in sciatica, has aggravation in direct relation to physical exertion. A relatively brief rest relieves the pain, the feeling of lameness and the gone-to-sleep feeling so characteristic of *Causticum.*

Permanganate of Potash has been further experimented on by Dr. Moor, who discovered its antidotal action, and the experiments conducted by the gentlemen at the Homeopathic College in regard to its efficacy as an antidote to morphine given hypodermically have been verified.

Sarsaparilla may be a remedy for influenza, so says Dr. Feldman, a German Homeopathist. He considers influenza as a slight uræmic manifestation because the urine is lessened and sometimes albuminous. *Sarsaparilla* is diuretic as is also *Bryonia.* Moreover it is quite similar to *Pulsatilla.*

Sepia.—"No remedy," says Dr. Kunkel, of Kiel, in the *Archiv fur Homeopathica*, "I find so often indicated in sciatica as *Sepia.* There is the characteristic of aggravation from sitting, from getting up from a seat, after motion going on the painless side, also at times from violent exertion, but there are cases where the pain is relieved according to the amount of exertion."

The value of *Permanganate of Potash* as an antidote to poisoning by opium and its salts has been further verified by experiments carried on in the physiological laboratory of the New York Homeopathic Medical College, by Drs. Neilson and Meyer. Animals were experimented on by giving *Morphine* hypodermically carried almost to the point of death before the antidote was applied. Thus it seems that the *Permanganate* is of value even after the hypodermic use of *Morphine.* It may turn out to be a question of which gets there first.

Mancinella.—An Italian lady, communicates to the last number of *La Revista Omiopatica*, an interesting cure made by this remedy. The chief symp-

tom was that for several years she had suffered from the fixed idea that she was becoming insane. This fear of becoming crazy tormented her night and day. She became a wife and mother, but still this idea tormented her until one day, running over Puhlmann's Therapeutics, she discovered that *Mancinella* had the symptom "fear of getting crazy," and she commenced to take it in the 12th attenuation, which completely removed the symptom.

A proving of *Calcarea fluorica* by Dr. Sarah N. Smith is reported in the *Advance* for January. The 6th trituration was used and the following Schusslerian indications were produced in the proving: Great dryness of the mouth and throat and dryness and harshness of the skin; increased secretion of mucus in the posterior nares; diminished urine which is high colored and offensive; a dull weight and discomfort in the right hypochondrium. A peculiar sensation in the head was quite constant. It is described as "sort of creaking, straining and drawing, similar to the noise made by a cornstalk fiddle, and greatly interfering with sleep." Otherwise the proving contained nothing specially important.

Correspondence.

ROCHESTER NEWS-LETTER.

EDITOR MEDICAL CENTURY.

Only four physicians from this city attended the regular quarterly meeting of the Homeopathic Medical Society of Western New York, held at Buffalo in January—Drs. Bissell, Collins, Graham and Chamberlayne. I was going to offer the inclemency of the weather as an excuse, but as Dr. Chamberlayne was there that would seem a very lame excuse, she being what the pronoun implies. It is understood that a very interesting meeting was held, but one can but wonder why an effort is not made to bring the distinctiveness of the school into more prominence on the programme, it being a lamentable fact that at the meeting of this society it is a rarity to see the word "Homeopathy" in the titles of papers, or to hear real Homeopathy in the treatment of cases cited or discussed. It must be admitted by all Homeopaths, high, low and mongrels, that the distinctiveness of our school lies entirely in our materia medica and our application of remedies. In all other branches there is no difference between the Homeopathic physician and the physicians of other schools. The Allopathic chemist commonly uses Hahnemann's test for arsenic, and the Homeopath follows Senn and Weyth in bloodless amputation at the hip joint. Following out this line of thought let the presidents, secretaries and executive committees of the various societies of our school make it a point not to let a meetiug pass without providing for one or more papers on Homeopathic materia medica or Homeopathic therapeutics, so that in case one of the old-school brethren should find himself at a meeting advertised as Homeopathic he may have audible evidence that it is different from meetings of his own school.

If evidence is needed that such a reform is necessary, I can give it. At the last regular meeting of the New York State Society in Rochester an Allopathic physician attended one day's session. He was open to conviction if proper and sufficient evidence could be adduced from such attendance. and what was his answer when asked by a prominent member to sign an application for membership? He said: "No, I see no difference in your treatment from that of my school. One of your officers read a paper on the treatment of Urticaria and hardly mentioned therein the so-called Homeopathic remedy, but almost all were just what I would have used, and in the discussion one of your prominent men spoke very highly of *Rochelle* salts. I am just as much a Homeopath as either of them, but I don't care to sail under false colors;" and I can prove every statement here made.

* * * *

The anuual meeting of the Monroe County Homeopathic Medical Society was held on Tuesday, January 16, at 3 P. M., in the assembly room of the Alexander street building of the Rochester Homeopathic Hospital. The new place of meeting possesses many advantages over the Nurses' Cottage on Monroe avenue, which was formerly used.

There was a good attendance and the short programme was as virile as it was brief. The retiring president, T. D. Spencer, M.D., was down for an address entitled "The Practical Relation of Dermatology to Diseases of the Internal Organs," but was prevented from being present by illness, and it was voted that he be requested to read it at the next regular meeting.

"Facial Paralysis," by P. W. Neefus, M.D., was a thoroughly practical paper giving etiology, pathology, diagnosis and Homeopathic treatment of this by no means unfrequent peripheral nerve disease. Discussed by O. Stewart Bamber, M.D., who remarked that he was pleased to hear a specialist read a paper in "a language understood by the people," i. e., so that the average general practitioner or specialist in some other line did not need a medical dictionary of the latest edition in his hands in order to understand what the specialist was intending to convey. He then gave the history of a case of facial paralysis caused by a cold blast from an electric fan being directed at the patient on a level with his face while he worked. The case was helped by *Causticum* 6x, but was not cured, and after waiting two weeks the same remedy was given in the 200th potency with marked improvement in thirty-six hours and a complete cure in four days, with no return to date, now over four months since cure took place. Referred to Farrington's Clinical Materia Medica for indications.

The revised constitution and by-laws were then adopted and the society proceeded to the election of officers for the ensuing year. There was only one ticket in the field and all were elected by the secretary being instructed to cast one ballot. The officers-elect are: President, George M. Haywood, M.D.; Vice President, M. H. Adams, M.D.; Secretary, H. W. Hoyt, M.D.; Treasurer, T. J. Thurber, M.D.; Censors, Drs. M. E. Graham, J. W. Clapp, Louise F. Chamberlayne.

President-elect Haywood named as the executive committee O. Stewart Bamber, M.D., for chairman, P. W. Neefus, M.D., and H. A. Anderson, M.D. The society then adjourned.

At 8 P. M., January 16, at Dr. V. A. Hoard's residenee in Rochester, N. Y., the annual meeting of the Rochester Hahnemannian Society was held. Sections 251 and 252 of the Organon were read and discussed. Officers for 1894 were elected as follows: President, R. C. Grant, M.D.; Vice President, A. C. Hermance, M.D.; Secretary and Treasurer, J. G. Schmidt, M. D.; Censors, Drs. J. A. Biegler, A. B. Carr, V. A. Hoard; Delegate to the International Hahnemannian Association, M. E. Graham, M.D.; alternate, E. V. Ross, M.D. The society then adjourned to the dining room, where Dr. Hoard's well-known hospitality was enjoyed. PLACEBO.

CONCERNING THE CLEVELAND UNIVERSITY OF MEDICINE AND SURGERY.

EDITOR MEDICAL CENTURY:

Your remarks in your last issue concerning our recent change of name does not indicate the best of feeling on your part toward our school. You could well have spared the space occupied by that paragraph for something more valuable to your readers and more beneficial to yourself. Every true friend of the old Cleveland Homeopathic Hospital College will feel sincerely hurt by what you have written. It is not at all likely that after forty-four years of experience in conducting our school you know more than we do about how it should be conducted. After several years of contest our two schools have fairly settled down to a condition of reasonable amity. Why should you kindle the fires anew and arouse the almost forgotten antagonism? It was an unfortunate slip of your pen that caused you to write words that will burn in the brain of not a few of your readers. Without more care you should not have imputed to us unworthy motives.

I will not here answer the imputations. It would be unseemly to do so. Our friends think better of us. I desire to let you know that as a school we feel some resentment at the attempt to stain our fair name. If a candid explanation of our course is required by the public it shall be forthcoming when called for. T. P. WILSON, M.D.

Cleveland, February 25th, 1894.

THE INSTITUTE'S JUBILEE.

The Executive Committee of the American Institute of Homeopathy has named Thursday, June 14th, 1894, as the time for the opening of the next annual session. Physicians starting from the most distant points on Sunday evening can reach Denver by Thursday morning. The order of business is not yet arranged, but it has been suggested that the session open at 3 o'clock P. M.; that the afternoon be devoted to general routine business and that the special jubilee exercises and the delivery of the president's address take place in the evening.

Under the new by-laws the duration of the session will be limited only by the needs of the business and the requirements of the sections; each of the latter being allowed all the time its members may desire for reading and discussion of all its papers. Essayists are thus assured that their papers will in no instance be denied a respectful hearing for want of time, and the specialists of the Institute can enjoy full opportunity for the consideration of the technical questions in which they may be interested. Illustrations intended for publication in the transactions should be artistically made and on separate sheets for the use of the engraver. The Institute does not object to a reasonable expense when necessary in illustrating an essay. The value and interest of the scientific discussions will be greatly enhanced if each essayist will furnish copies of his paper prior to the session to those who are expected to lead in debating it.

Any physician having knowledge of the decease of an Institute member since June 1st, 1893, will confer a favor by reporting full particulars to the Necrologist, Dr. Henry M. Smith, Spuyten Duyvil, New York. Secretaries or other officers of all societies, clubs, hospitals, dispensaries, etc., and the physicians of all institutions of whatever kind employing Homeopathic treatment, are earnestly requested to make full reports to Dr. T. Franklin Smith, 264 Lenox avenue, New York city.

The Annual Circular with full particulars as to hotels, railroad fares, programme and other matters of interest, will be mailed in May to every Homeopathic physician in the United States and Canada.

Any physician failing to receive it by May 20th should notify the secretary. Each circular will contain a blank application for membership, with full directions for those desiring to become members. Societies and colleges wishing to canvass their membership for new members of the Institute should apply at once for blanks, stating the number desired.

During the last six years the Institute membership has grown from 900 to 1,613—about 80 per cent. It was suggested at the last session that each member should celebrate the Jubilee by securing at least one new member for the meeting at Denver. PEMBERTON DUDLEY, M.D.,

General Secretary.

1405 N. 16th street, Philadelphia.

AN ENCOURAGING SIGN.

EDITOR MEDICAL CENTURY:

I have been interested of late in noting the rapidly increasing amount of therapeutical knowledge of undoubted Homeopathic origin appearing in the current Allopathic literature. I felt sure there was more than one knot-hole in the fence dividing the two schools pressed by an Allopathic eye. The screed emanating from a recent number of the *Medical News* and directed against my article entitled "Some Reasons Why our Prescriptions Fail," published in the September MEDICAL CENTURY, fully confirms my suspicion, and the source of the therapeutical knowledge, cribbed from Homeopathy, seen coming to light in at least one Allopathic journal, need remain no longer a mystery. The MEDICAL CENTURY is undoubtedly doing work beyond the anticipation of the founder. The author of the effort above mentioned, with great disingeniousness, expresses his surprise that Homeopaths ever fail. Not that Homeopaths themselves lay claim to this immunity. O no, he does not say that, but with the same disingeniousness he would have his readers infer it. These Allopaths seem to be given to inferring

things, for this writer is led to infer from what Homeopaths say, that in the bright lexicon of Homeopathy, "fail" appeareth not.

Well, now, really it is asking altogether too much of us to stand responsible for such mental vagaries on the part of our old school brethren as we here see evinced.

Nevertheless the condition of our critic is hopeful, and while patting him encouragingly on the back, we advise him to keep his eye pressed tightly against the knot-hole, and before he knows it he will be entitled to a place on top of the fence, and the distance from there to the ground on the inside is not great.

He will have to correct one bad habit, however; before he can be admitted into the fold of the elect. He must stop quoting only such parts of an article as suits his particular purpose to the exclusion of the portions that qualify what is taken, and give to it a meaning entirely different to the one he is desirous of attributing.

When he brings himself to the much needed condition of moral rectitude such articles as the one he has felt himself called upon to criticise, and in a manner that would have been fittingly accompanied by placing his outstretched fingers before his face, while he snickered in his palm and rolled his eyes back of his distended digits to see if any one else was snickering also, will no longer be so excruciating funny nor so terribly modest. Yours respectfully,

S. George Hermance, M.D.

Rochester, N. Y., February 6th, 1894.

Homeopathics.

ON THE BORDER LAND OF SIMILIA.

FROM THE HOMEOPATHIC WORLD.

Hippocrates.—"Though the general rule of treatment be *contraria cortrariis*, the opposite rule holds good in some cases, viz., *similia similibus curanter*."

Celsus.—"Nam scorpio, sibi ipsi pulcherrium medicamentum est."

J. Agricola.—"It must be confessed that a concealed poison is at the root of such diseases (cancer, lupus, leprosy), and this poison must be of an arsenical character; it must therefore be expelled by means of the same or a similar poison."

Basil Valentine.—"Likes must be cured by means of their likes, and not by contraries."

Stahl.—"The rule generally acted on in medicine to treat by means of oppositely acting remedies, (*contraria contrariis*) is quite false and the reverse of what it ought to be; I am, on the contrary, convinced that diseases will yield to, and be cured by, remedies that produce a similar affection (*similia similibus*)."

T. Campanella.—"Per contraria igitur curamus ubi extrinsecus est morbus, in venis et solido; ubi vero intrinsicus oportet etiam similia morbosis causis adhibere."

Hufeland.—"I am perfectly convinced, not only by the observations of others, but by my own experience, that Homeopathy has freqently been successful, sometimes most strikingly so, and that after fruitless employment of other powerful methods of treatment. It is the cure of the disease itself, effected by means of the simple principle, *similia similibus*, the similar disease by the similar remedy; and it cannot be denied that it testifies to a deep insight into organic nature, which Hahnemann has attained and which he has pursued and developed to its fullest extent."

Graves.—"It is well known that some active remedies have a tendency to produce diseases somewhat analagous to those they are known to cure. In fact it is hard to expect that a remedy will cure a disease affecting a certain tissue or tissues unless it has a specific effect upon such tissues; and in this point we have an example of the *similia similibus* of the Homeopathists."

Eschenmeyer.—"Homeopathy is so thoroughly based on experience, that to deny this betrays utter ignoranee, caprice, prejudice, intolerance, or fear of the new system."

Broussais.—"Humanity owes a debt of gratitude to Hahnemann for the conquests his system will make over those who are strangers to sound reason."

Andral.—"Without prejudicing the question lately raised by the Homeopaths respecting the property of remedies to produce in the organism the diseases which we propose to combat by their means, we believe that this view is supported by incontestible facts."

Liston.—"I believe in the Homeopathic doctrines to a certain extent."

Trousseau.—"Experience has proved that many diseases are cured by therapeutic agents which seem to act in the same manner as the morbific cause to which we oppose them."

J. Hutchinson.—"*Arsenic* can produce cancer. We employ it in the cure of this disease."

Lauder Brunton.—"The only difference between Homeopathists and rational practitioners lies in the fact that the latter regard the rule (*similia similibus curantur*) as only of partial application."

Advice to Medical Graduates.—The *American Homeopathist* says: "Don't overdo the recommendations when presenting diplomas to graduates. A medical graduate who needs to be publicly admonished not to drink, or swear, or wipe his nose on his sleeve and to be a good Christian ought not to be graduated." As our English friends would say: Hear! Hear!

Dr. William T. Briggs, Nashville, Tennessee, presents an interesting and valuable report of his long and extensive experience as a lithotomist. He has seen 284 cases during his 42 years experience—an average of seven per year during the entire period. Of these 272 (95.77 per cent.) were males, only 12 (4.33 per cent.) being females. One hundred and fifty-three (nearly 54 per cent.) were children or youths under 20 years of age. Dr. Briggs has arrived at these conclusions: Preparatory treatment demanded in all cases; no operation suited to all cases; litholopaxy suitable for patients with large, tolerant urethra, non-irritated bladder and small stone of soft consistence; supra pubic method required for large or hard stones; and the medio-lateral operation required for all other conditions, because it is "easiest, safest and best."

Medical Century

An International Journal of Homeopathic Medicine and Surgery.

C. E. FISHER, M.D., - Editor.

ASSOCIATE EDITOR:

W. A. DEWEY, M.D., New York.

Chicago, March 1, 1894.

HAHNEMANN MONUMENT FUND.

As the time for the spring meetings for the various State associations draws near those to whom has been entrusted the duty of soliciting subscriptions from the profession and friends of Homeopathy for the Hahnemann monument fund should awaken to the full sense of the responsibility devolving upon them, and set to work actively for the securing of large sums of money in order that no unnecessary delay may attend the completion of this most commendable enterprise. Since the days of Hippocrates there has been no greater genius in medicine than Samuel Hahnemann. Harvey, Jenner, Pasteur, Ambrose Pare, Sydenham and other brilliant luminaries have lighted the medical sky with discoveries of unusual brilliancy and lasting merit, but to no one man is greater credit belonging for the real benefits bestowed upon the human race than to the founder of the Homeopathic medical school. Not only has there been built upon his philosophies a distinct medical system of mighty and growing proportions, with all the equipments belonging to a legitimate branch of the medical profession, but, greater than all this, his genius has permeated the whole fabric of medicine until to no one belongs more credit for the great revolution in dosage and the emigration of the dominant sect from methods absolutely barbarous and cruel to the safer and milder measures of to-day than to Hahnemann.

It is the intention of the monument fund committee, under the able leadership of President McClelland, to rapidly push this most commendable enterprise to completion. A proper site has been given by the Park Commissioners of Washington for the erection of a colossal statue at our national capital, and already quite a large sum of money has been raised for the purpose of commencing this work; but, in the wisdom of those who have this matter in hand, it is deemed inadvisable to begin operations until the complete success of the undertaking is assured beyond question. Therefore it becomes us all to contribute freely and without delay, and it is earnestly to be hoped that as the meetings of the various State associations are held this spring the work will be pushed to a rapid and successful finish.

It is now nearly two years since the American Institute of Homeopathy decided to erect a monument to Hahnemann's memory at Washington, and it having been agreed to engage in this most laudable enterprise it is the duty of each and every one of us to do our full share in pushing it towards a final issue. It must not be allowed to drag. Let the presidents of the various State societies at once take up the subject, each pressing it upon his society to make a large subscription to the monument fund and its erection will soon be accomplished.

A TEMPEST ON THE COAST.

Away out on the golden shores of the Pacific the people and profession are being given an exhibition which is alike reprehensible and disgraceful. When the Hahnemann Medical College of San Francisco was organized eleven years ago the seeds of dissension were sown by a few ambitious men who had a desire to manage the affairs of the institution without having the necessary finances and ability, and for two or three years after that institution was established it was kept more or less in hot water. After having established the college upon a firm foundation its then dean, Dr. C. B. Currier, decided to retire from the active management and it passed into the hands of other men. Dr. G. E. Davis succeeded Dr. Currier in the deanship and occupied that responsible position for several years, but at no time during his management could it be said that the institution was prosperous. Tiring of the lethargy, indifference and bad management that characterized the college's history for the next few years, Dr. Currier was again called to the deanship and the institution has grown and prospered as never before. Various changes have been made in the faculty, also, and its teaching corps is now stronger than ever; so that it may be said the future of San Francisco's Homeopathic College is now assured beyond question. But just as everything begins to move along smoothly, and the outlook begins to brighten, and everybody connected with the college has taken on a new contagion of enterprise and enthusiasm, Dr. Davis and a few colleagues must needs raise "a tempest in a teapot," and publicly proclaim themselves in opposition to the college they lately manned, and announce their intention of retiring from the Homeopathic profession. In doing so they have aired their grievances in the newspapers, and the Allopathic fraternity of the Pacific Coast metropolis is

chuckling right merrily. In his newspaper interview Dr. Davis announced his intention of matriculating at one of the old school colleges of San Francisco and hereafter associating with that wing of the profession. Two or three of his followers, graduates of the Hahnemann college, have expressed like intentions, and the late professor of surgery, Dr. Curtis, always a lukewarm member of the profession, has determined to enroll himself at one of the Kentucky schools and hereafter be known as a member of the dominant sect.

Naturally, deflections of this character arouse some comment, and, naturally, there are people who would be glad to make themselves believe that Homeopathy is going to the demnition bowwows about as rapidly as possible; but they are mistaken. Riddances of this character are always good riddances. Whenever a man who has been a member of the Homeopathic profession for twenty-five years deflects from it it may be put down as a fact that he is disgruntled for some personal reason or lacks inherent honesty. Even did Dr. Davis and coterie feel that they had not been properly treated by the management of Hahnemann College they had still left them that grand field of labor in which there is ample room to excel, the field of general practice, and having had plenty of opportunity to demonstrate their lack of ability to successfully conduct a medical college it should have become a pleasant duty with them to retire from its management for the good of the profession which had honored them even more than they have deserved. Having visited San Francisco a number of times, and having become pretty well acquaintee with the personel of the profession in that city the editor of this journal has no hesitancy whatsoever in predicting that Homeopathy will be better for this deflection, and the loyal profession of the Pacific Coast metropolis need but stand firm and labor as they have labored in the past, faithfully, conscientiously and successfully, to live down the present crisis. It is somewhat unfortunate that so competent a man as Dr. Curtis, formerly professor of surgery in the Hahnemann College, should be so misled, but with this single exception the college is far better off without those who have withdrawn from the field than it was when they were members of its faculty and management. The congratulations of the Medical Century are, therefore, freely tendered.

A VALUED COMPLIMENT.

It is doubtful if a medical journal ever received a more cordial reception at the hands of the profession whose interests it came to serve than has been bestowed upon the Medical Century. From every part of the United States and several foreign countries have come most fulsome compliments, and from time to time these have appeared in good number in the pages of the Century among the advertising leaves of the journal, not for the self-satisfaction they have afforded but for their effect upon advertisers, without whose patronage the issuance of medical journals is not easily possible. Our readers will bear us out in the statement that we have not inflicted many of these compliments upon them through our regular reading pages, and, therefore, we do not feel that it will be an imposition upon them to give place to the following exceedingly complimentary letter from Dr. O. S. Runnells, Indianapolis, in the body of an editorial bearing upon the Century's work.

C. E. Fisher, M.D., 31 Washington street, Chicago:

My Dear Dr. Fisher:—Of all the twenty-five journals pertaining to medicine that I subscribe for regularly I esteem none more highly than the Medical Century. When you started out to give the Homeopathic profession a journal equal in merit to the N. Y. Medical Record I feared you had set your mark higher than you would be likely to attain. But I now desire to bear witness to the complete success of your great undertaking and to say that for all practical purposes you lead the Medical Record by a long distance. I am yours fraternally, O. S. RUNNELLS.

Indianapolis, Jan. 24, 1894.

Dr. Runnells is one of the foremost men of Homeopathy, an ex-president of the American Institute, a naturally conservative man, and it cannot be said that he has given expression to this highly complimentary opinion of the Century without having weighed his words; therefore they are unusually highly appreciated.

But correctly interpreted what do they mean? Simply this: That the editor of this journal has been able to demonstrate the fact that the talent lies in the Homeopathic profession for the issuance of a medical journal as good as the best published under the auspices of the older school. Possessed of an unusually large acquaintance in the profession, from Massachusetts to California, we have been able, by a process of worming which has at times been laborious in the extreme, to secure from the writers of the Homeopathic profession a class of articles of which we all may be proud. In our salutatory we proclaimed the fact that this talent lay in Homeopathy and that we should develop it if possible; and Dr. Runnells's compliment is nothing more nor less than an expression of opinion to the effect that this promise has been fulfilled. The Helmuths and Greens and Macdonalds and Pratts and Streeters and Martins and Packards and Deweys and McClellands and Van Lenneps and Bucks and Williamsons and Hales and Ormes and Chapmans and Dakes and Southwicks and Hoods and Bojanuses and Burfords and hundred of others who have contributed to the colums of this journal have done far more

to make it valuable and helpful to their colleagues than has the editor, and these are the ones above all and beyond all who deserve the credit belonging to the success attending our efforts to give to Homeopathy a journal as good as the best. All honor to them and to every one who has contributed to the pages of this journal to the present date.

If the editor of the MEDICAL CENTURY retains his health and strength and is spared to realize the hopes and aspirations he has at heart in connection with medical journalism the MEDICAL CENTURY has but started on a long career of usefulness; and if the profession but continues to shower favors upon it in the years to come as it has done in the first year of its existence, we shall be easily enabled to make a weekly next year, or to double the amount of reading matter presented in each issue. The ambition is in us, the energy if of us, the experience is with us; it all depends upon the writers of the profession. As proclaimed in the first number of the MEDICAL CENTURY, *Homeopathy has the talent* and we are resolved to develop it to the fullest degree.

Editor's Table.

Dr. H. B. Fellows, Chicago, is taking a vacation in the South.

Dr. Sarah B. Duncan has located at Auburn Park, one of Chicago's suburbs.

Dr. A. K. Crawford, of Chicago, has recently suffered quite a serious spell of illness and is now recuperating in the South.

The eighth International Congress of Ophthalmology will be held at Edinburgh about the commencement of August.

A subscription for the purpose of erecting a monument to Charcot in Paris has been started. It has reached over 4,000 francs.

Hahnemann Hospital, Chicago, received over $1,200 as its share of the proceeds of the Grand Charity Ball held recently.

The faculty of Jefferson Medical College, Philadelphia, has unanimously resolved to institute a four years' course beginning with the term of 1895–1896.

The Eclectics of Utah have organized a State Association, and have entered a vigorous protest to the governor of that territory against over-officiousness on the part of the Territorial Medical Examining Board.

Dr. S. Guttmann, the editor in chief and founder of the *Deutsch Med. Wochenschrift*, the principal weekly medical journal of Berlin, died recently in that city. He was an honor to journalism and medicine.

In Soltare, in the Province of Hanover, the adherents to Homeopethy have carried their point that upon the erection of a general hospital twelve beds must be set aside for such patients as desire to be treated Homeopathically.

The eighteenth annual session of the Missouri Institute of Homeopathy will be held in St. Louis on Tuesday, Wednesday and Thursday, April 17, 18 and 19. Dr. H. J. Ravold, St. Joseph, Mo., is the secretary. An interesting and profitable programme is promised.

M. Paul Diday, the noted surgeon and syphilographer of Lyons, died on the 8th of January, aged 83 years. His chief works were syphilis of the new born, natural history of syphilis, therapeutics of venereal diseases and venereal peril in families.

An interesting account of Prof. von Winckel's recent trip to America, with a description of various hospitals, etc., is running in the *Munchuen Medicinische Wochenschrift*. The last number contains an account of the work done at the Columbian Emergency Hospital.

The third edition of Beard's work on "Nervous Exhaustion" has been revised and enlarged by his former associate, Dr. A. D. Rockwell, and just issued to the profession by E. B. Treat, New York. In these neurasthenic times this book will be found very helpful to the general practitioner and alienist.

E. B. Treat, New York, has just issued a second edition of Dr. Landis' exceedingly practical little work, "How to Use the Forceps," under the editorship of Dr. Chas. H. Bushong, author of "Modern Gynecology." It contains many original ideas and suggestions, and is one of the most practical little works upon this subject.

The National Eclectic Medical Association is making an investigation into the treatment received at the hands of the Eclectic School by the old line companies, with reference to securing the appointment of Eclectic physicians as examiners, in this following the course of the American Institute, which is looking after Homeopathic interests in the same direction.

An effort is being made to have the National Eclectic Medical Association hold its next annual session in San Francisco the coming summer. The old school will hold their national meeting in that city in June of this year, and the American Institute of Homeopathy will meet in Denver in June. Truly "Westward the star of empire takes her way," medically, at least.

The twenty-eighth annual meeting of the Indiana Institute of Homeopathy will be held at the State House, Indianapolis, May 17th and 18th, under the presidency of Dr. M. H. Waters of Terre Haute. A preliminary circular has been issued by the secretary, Dr. Clarke, giving a full list of the bureau and their composition. The meeting promises to be one of unusual interest and should be largely attended.

Dr. A. S. Everett, formerly of Denver, Col., has severed his associations with the O. E. Miller Truss Company and will return to Colorado to engage in the practice of his profession. Dr. Everett has a great many colleagues who will be rejoiced to know that he is no longer connected with this objectionable advertising truss company, and with the generousness characteristic of the medical profession we believe that it will not be charged up against him that he was held to violate the established usages of the profession by connecting

himself with a firm of this character. We feel sure that he will be heartily welcomed back to the fold.

No less than four medical measures have been introduced before the Kentucky Legislature during the present session. Among them is one from the Southern Homeopathic College at Louisville, which provides for the recognition of diplomas of that school. It is not thought that there will be any trouble in having this bill passed, and this done the Homeopathic diploma is on an equality in Kentucky with those of the Allopathic colleges of that state.

The Homeopathic Medical Society of Indianapolis recently elected the following officers for the ensuing year: President, Dr. O. S. Runnells; vice president, Dr. W. B. Stewart; secretary and treasurer, Dr. Rebecca W. Rogers; censors, Drs. J. T. Boyd, J. D. George and L. W. Jordan. At the meeting of February 21 Dr. Boyd read a very able paper on "The Fallacies of Christian Science." The Century is promised reports of the transactions of this society from time to time.

Virginia is another of those states possessed of an examining board in which the work of the board has been found to be very unsatisfactory to the profession at large. Amendments are being proposed looking to the prosecution of itinerent physicians. One of these recently succeeded in setting at naught the demand of the board by pleading the unconstitutionality of the license law. In no instance of which we have knowledge has the Examining Board proved at all satisfactory.

At a recent meeting of the Medico-Legal Society of Chicago a large number of prominent alienists joined in expressing the opinion that the murderer Prendergast is beyond question insane. It is understood that efforts will be made to secure a much needed reform in the matter of medical expert testimony, that the disgraceful reflections upon the medical profession attending the Prendergast and Cronin trials may not be repeated—action quite in line with our editorial of last issue upon this subject.

Dr. Eleanor F. Martin, San Francisco, Secretary of the California State Homeopathic Medical Society, has issued a preliminary circular announcing in part the programme of the eighteenth annual session of the California Association, which will convene at the Hotel Vendome, San Jose, on Wednesday, May 9, continuing three days. An excellent programme has been arranged for the occasion. Dr. E. C. Buell, of Los Angeles, is president of the society this year, and Dr. Simpson, of San Jose, will serve as local host.

The first number of the *Northwestern Sanitarian*, a monthly journal devoted to sanitary science and preventive medicine for the people, published by Dr. N. A. Pennoyer, of the *Kenosha Sanitarium*, has just been issued from the press, bearing date of March, 1894. It is a very neat little journal and promises to interest itself in the discussion of health topics and preventive medicine. Under the the capable editorship of Drs. Pennoyer and Dale it ought to find a field of usefulness and we believe it will. It is welcome to our exchange list.

The Medical Century has been advised that one J. T. Downey has been going the rounds representing the Columbian Accident Company of Chicago, using the names of the editor of this journal, Drs. Leavitt, Crutcher and others, collecting money when he can and then making himself scarce. It is said that the Columbian Accident Company has been out of existence for months, and that Mr. Downey is a first-class fraud. The police of Cincinnati are looking for him, so writes Dr. S. R. Gieser, who has suffered from his depredations. No such man as Mr. Downey is known to the editor of this journal and the profession is warned against him.

In his eulogistic interviews pertaiding to himself in the San Francisco papers Dr. G. E. Davis, who has announced his intention of renouncing Homeopathy and going into the old school, takes unto himself a large share of the credit attending the defeat of the Allopathic Medical Bill before the Legislature at Sacramento last year, whereas as a matter of fact, as we are reliably informed, Dr. W. E. Dewey visited Sacramento twice in opposition to that bill, Dr. Tisdale went twice, and Dr. George H. Martin went a full half-dozen times, while the boasting Dr. Davis appeared before the Legislature but once. The balance of his statements in connection with his monumental claims are about in keeping with this one, as we have every reason to know.

"Diseases of the Stomach and Intestines and their Treatment" is the title of a very handsome little volume of 285 pages, by A. Mathieu, M.D., Physician to the Paris Hospitals, just issued by Wm. Wood & Co., New York. Dr. Mathieu is a very painstaking and practical writer and has dealt with the diseases of the alimentary tract in such a manner as to make his book exceedingly readable as well as valuable. The Homeopathist will find but little of value in it to him in the matter of treatment, but the author's studies in the chemistry of digestion, in diagnosis, in the general history, course and symptomology of the diseases treated, give it a wide range of practical usefulness which will be valuable to physicians of all schools. It is a welcome addition to the Century's library.

The trouble out at San Francisco seems to have taken on an unusual phase in the fact that Dr. T. I. Janes has publicly threatened to enter suit against the Hahnemann Hospital College, because its officers removed him from its list of dispensary physicians. The *Examiner* for February 21 announces his intention of entering claim for ten thousand dollars because he was no longer allowed to remain a member of the staff. In the issue of the 22d, the *Examiner* also gives place to a long interview with a Dr. Damroeger, a graduate of the San Francisco college who now goes back on his *alma mater* and Homeopathy because of his greater love for the deposed dean, Dr. Davis, than for his college and his profession. Homeopathy can well afford to do without all such people.

In the last number of this journal comment was made upon the change in the name of the old Cleveland Homeopathic Hospital College to the Cleveland University of Medicine, and a little pleasantry was indulged in at the expense of our Cleveland friends, this being prompted by the unusually positive position taken by them but a

few years ago against the omission of the word "Homeopathic" from the title of the new Cleveland college then being established. This indulgence, it seems, has given offense, as shown by the letter of Dr. Wilson, appearing elsewhere, for which we are very sorry. It certainly was not our intention to tramp upon anybody's toes, and as we have fully as many friends in the old college as in the new,—yes, even more,—we certainly should be a long time in giving offense; hence we regret having said anything at all on the subject, even though our remarks seemed appropriate from the circumstances attending the case in point.

There will be an Army Medical Examination in Washington, in April, of candidates for appointment to the Medical Corps of the United States Army. Application should be made to the Secretary of War before March 15 for the necessary invitation to appear for examination. The application should give date and place of birth, place of permanent residence, the fact of American citizenship, name of medical college from which graduation was had and record of hospital service. It must be accompanied by certificates based upon personal acquaintance from at least two reputable physicians as to the citizenship, character and habits of the applicant. It is held that no discrimination is made because of school practice, but the Medical Century hardly expects to hear of the acceptance of a Homeopathic graduate, so arbitrary are the rules of the Army Medical Corps.

The PensionExamining Board of Austin, Texas, is composed of Drs. F. E. Daniel, F. P. McLaughlin and Charles Lowry, the last a member of the Homeopathic profession. Dr. Daniel is editor of the *Texas Medical Journal*, and has been one of the most rabid of the ultra-Allopathists of that state, denouncing Homeopathy and everything connected with it, in season and out of season, for many years past in his journal and before the associations; but Uncle Sam's two dollars an examination has brought him to taw, it seems, and for the filthy lucre of this world he is found willing to sacrifice his alleged principles and associate on the Pension Board with the despised Homeopath—a gentleman, by the way, in every sense of the word his superior. Real consistency might be said to be an unknown quantity in Editor Daniel's composition.

Wm. Wood & Co., New York, have just issued a handbook on Operative Surgery, by Prof. Th. Kocher, of the University of Berne, Switzerland, which is one of the most practical and acceptable volumes recently given to the profession in this department of work. It is not a voluminous work, containing but 279 pages, but every page of it is full of meat. Especially practical are the illustrations in regional surgery. The author gives positive views on subjects of anesthesia, antisepsis, etc., and many of his descriptions of operations are terse and in some respects quite new. Even with quite a large surgical library it is not difficult to find a niche for Kocher's book, and it is not straining a point to give it warm commendation.

An exceedingly valuable book has just been issued by Lee Bros. & Co., on the subject of "Medical Diagnosis," by Dr. John H. Musser, Assistant Professor of Clinical Medicine in the University of Pennsylvania. Not since the issue of Da Costa's work has there been an American book written on the subject to equal in value this work of Dr. Musser's. It is far more thorough than any other ever given the profession and is in every respect a new and comprehensive volume on Medical Diagnosis. Bacteriology has received careful consideration at the hands of the author as a means of diagnosis, and the chemical examination of exudations, transudations, cystic fluids, etc., has also received painstaking consideration. The book deals wholly with the question of diagnosis and is thorough in its every feature. It is written in a most entertaining and pleasing style, and we do not at this moment recall a book whose perusal is likely to afford more genuine pleasure and real help to the busy practitioner than the one under consideration. Without hesitancy it is commended as a work which should occupy a place in the library of every reading physician. It is really a model volume on the subject of diagnosis.

When Dr. Obetz undertook to consolidate the Homeopathic with the old school medical department at Ann Arbor against the wishes and without the consent of the profession, last year, it was freely predicted that the eventual downfall of the school, should he remain at the helm, would surely come. This prediction was in good part verified when the term opened last fall and it was found that the class was very much smaller than ever, even though every other Homeopathic college in the country had larger classes than usual. And now the word comes from Ann Arbor that the junior class, numbering the large sum of two students, all that was left us after the trouble Dr. Obetz brought on, have deflected and gone into the old school college, thus leaving the Homeopathic department absolutely without a student to represent it in its junior class and thus without a prospective senior for next year. Could the destruction of the Homeopathic college have been more certainly accomplished in any other way? This is one of the most outrageous occurrences that has ever taken place in the history of Homeopathy, and as one man, Michiganders, American Instituters, medical editors, Homeopaths, we should rise and demand the retirement from the helm at Ann Arbor of the man who has thus so nearly destroyed what was one of our most highly-prized institutions. There are people who thought last summer that the editor of this journal took most too active a part in the consideration of this matter. What do these tender-hearted people think now—that our college at Ann Arbor is about stranded? When a cancer is found at the root it should be cut out. There should never have been any mincing in this matter but the regents of the University of Michigan should have been made to know, by the use of language about whose import there could have been no possible doubt, that the Homeopathic profession to a man looked with the utmost disfavor and condemnation on the course which the dean of our college at Ann Arbor had chosen to pursue. The facts bear out the profession of Michigan and the Medical Century in every step thus far taken in this unfortunate affair.

FIG. 1.

Superior Aspect. Long diameter, 9½ in.; circumferences, 15¼—17½ in. Weight, 7 lbs.

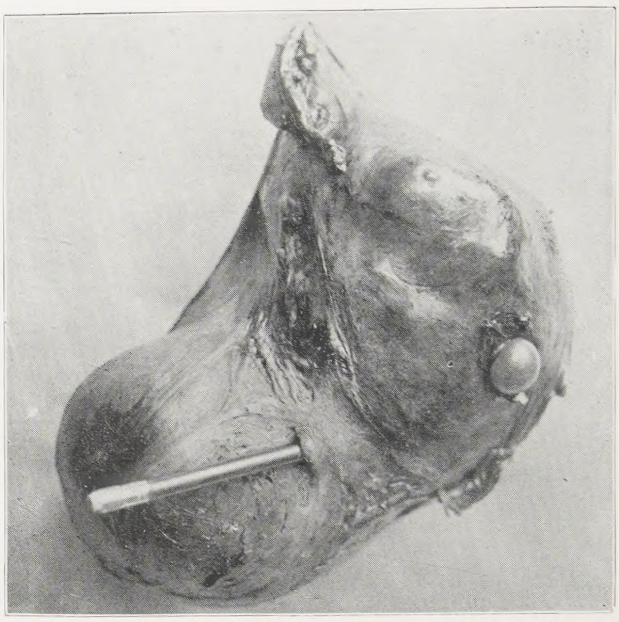

FIG. 2.

Inferior Aspect. Pencil in cervix uteri.

FIG. 3.

Tumor Incised, showing fetus in position.

FIG. 4.

Fetal bed exposed. Fetus suspended by umbilical cord.

DR. FISHER'S CASE OF FIBRO-MYOMA OF THE UTERUS COMPLICATED BY PREGNANCY.